

Case Number:	CM13-0049524		
Date Assigned:	12/27/2013	Date of Injury:	03/14/2012
Decision Date:	04/03/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/08/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of March 14, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; 18 sessions of aquatic therapy; and work restrictions. In a utilization review report of November 1, 2013, the claims administrator denied a request for six months of a gym membership with pool access. The applicant's attorney subsequently appealed. A clinical progress note of October 26, 2013 indicates the applicant is described as having completed 18 sessions of aquatic therapy. The applicant reports persistent low back pain radiating to the right leg. The applicant's gait is not described despite positive straight leg is appreciated. A gym membership with pool access is endorsed while the applicant is reportedly returned to work with a rather proscriptive 10-pound lifting limitation. It does appear that the applicant is working, however.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

GYM MEMBERSHIP FOR 6 MONTHS WITH POOL ACCESS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83, Chronic Pain Treatment Guidelines Page(s): 22.

Decision rationale: As noted in the ACOEM Guidelines, certain activities are considered part and parcel of an applicant or employee's role, one of which includes maintaining and adhering to "exercise and medication regimens." Thus, the gym membership being sought by the attending provider is an article which is considered by ACOEM Guidelines to be a matter of applicant responsibility. It is further noted that the MTUS Chronic Pain Guidelines state that aquatic therapy should be reserved as an optional form of exercise therapy in those applicants in whom there is some contraindication to participating in weightbearing exercises or land-based therapy or land-based home exercises. In this case, however, there is no specific mention of the applicant being deconditioned or unable to participate in land-based therapy or land based exercises. Therefore, the proposed gym membership is not medically necessary and appropriate.