

<b>Case Number:</b>	CM13-0049592		
<b>Date Assigned:</b>	04/07/2014	<b>Date of Injury:</b>	06/06/2006
<b>Decision Date:</b>	07/02/2014	<b>UR Denial Date:</b>	10/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/08/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Minnesota. 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 expert 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 injured worker is a 60-year-old male who reported an injury on 06/06/2006. The mechanism of injury was not provided within the medical records. The clinical note dated 10/01/2013 indicated diagnoses of psychogenic pain, depressive disorder, lumbar disc displacement, and lumbar lumbosacral disc degenerative disease. The injured worker reported pain to his low back and bilateral lower extremities. He described the pain as sharp. He reported tingling and numbness down the back of the right lower extremity into the toe of his foot. The injured worker reported the pain had started to limit his level of physical activity. He reported he felt so dependent that he wanted to start taking pain medications. The injured worker reported he had taken his medications as prescribed. The injured worker reported pain symptoms on a continuous basis, but they were alleviated somewhat by medications. He reported significant benefit from having access to the gym. On physical examination, the injured worker had difficulty being seated and difficulty rising from a seated position, an antalgic gait, a slowed gait, and he walked with a cane. There was tenderness and tight muscle band noted on the paravertebral muscles of the lumbar spine bilaterally. The injured worker's straight leg raise test was positive with pain in both lower extremities and back during the test. The deep tendon reflex knee jerk was 2 on both sides, ankle jerk was 1 on the right, and the injured worker was able to obtain left ankle reflex. The progress report dated 07/03/2013 reported the injured worker made progress in physical therapy including improved in muscular tone, increased mobilization and a reduction in pain. The injured worker's prior treatments included 6 sessions of physical therapy and status-post kidney transplant. The injured worker also had a 1-month gym membership which expired in December. The gym membership was deemed necessary by psych because the anti-depressive benefits of regular exercise were well known and the need for the gym was to manage the injured worker's physical injuries and the negative impact on his psych. The

medication regimen included Lidoderm, Trazodone, Valium, and Zoloft. The provider submitted the request for a 1-year gym membership and for physical therapy for the lumbar spine 8 sessions. The request for authorization was not submitted for review to include the date the treatment was requested.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **A ONE YEAR GYM MEMBERSHIP: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, Gym Membership.

**Decision rationale:** The Official Disability Guidelines (ODG) indicate a gym membership is not recommended as a medical prescription unless a home exercise program has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals. While an individual exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision. Although the injured worker reported significant benefit from access to the gym, there was a lack of documentation to indicate the injured worker was monitored by a professional. In addition, there is lack of evidence indicating the injured worker tried a home exercise program with periodic assessments which had been modified and remained ineffective. Therefore, per the Official Disability Guidelines (ODG), the request for a one year Gym Membership is not medically necessary and appropriate.

#### **PHYSICAL THERAPY FOR THE LUMBAR SPINE (8 SESSIONS): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) guidelines recommend that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The injured worker completed 6 sessions of physical therapy with benefit.

It was not indicated within the provided documentation why a home exercise program would not be adequate for the injured worker. In addition, 8 additional sessions would exceed the guidelines recommendation of 10 visits. Therefore, the request for physical therapy for the lumbar spine (8 sessions) is not medically necessary and appropriate.