

Case Number:	CM13-0060837		
Date Assigned:	12/30/2013	Date of Injury:	04/19/2012
Decision Date:	04/30/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/04/2013

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 and Rehabilitation, 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 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:

This 46 year-old patient sustained an injury on 4/19/12 while employed by [REDACTED]. Request under consideration include six month gym membership with heated pool access. Diagnoses include thoracolumbar sprain/strain with lower extremity radiculopathy; and C5-6 disc replacement on 3/9/13. Conservative care has included heat, massage, medication, physical therapy, and ergonomic treatment. Report of 11/5/13 from the provider has request for gym membership with pool access. The patient has complaints of 7/10 neck pain radiating to left shoulder with stiffness, numbness and tingling sensation of the digits; neck pain causes headaches; low back pain with feet numbness without radicular symptoms. Exam showed wide-based gait; difficulty with heel-toe walk; diffuse tenderness of lumbar musculature; moderate at L3-S1; positive SLR/ Yeoman's and SI trust testing; range flex/ext/lateral bending 60/10/15 degrees; mild spasm of lumbar spine; Report of 11/15/13 noted unchanged pain complaints with same restricted range and tenderness and mild spasm. Diagnoses included thoracolumbar sprain/strain with radiculopathy; facet OA L3-5, 1-2 mm disc bulge; s/p C5-6 disc replacement. The rest of hand-written notes were illegible. Request for gym membership with pool access for 6 months were non-certified on 11/27/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

SIX MONTH GYM MEMBERSHIP WITH HEATED POOL ACCESS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) Low Back, updated 10/09/13) Gym Memberships.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47. Decision based on Non-MTUS Citation and Official Disability Guidelines (ODG), Gym Memberships, Page 225.

Decision rationale: This 46 year-old patient sustained an injury on 4/19/12 while employed by [REDACTED]. Request under consideration include six month gym membership with heated pool access. Diagnoses include thoracolumbar sprain/strain with lower extremity radiculopathy; and C5-6 disc replacement on 3/9/13. Conservative care has included heat, massage, medication, physical therapy, and ergonomic treatment. Report of 11/5/13 from the provider has request for gym membership with pool access. The patient has complaints of 7/10 neck pain radiating to left shoulder with stiffness, numbness and tingling sensation of the digits; neck pain causes headaches; low back pain with feet numbness without radicular symptoms. It can be expected that the patient be instructed in an independent home exercise program to supplement the formal physical therapy the patient has received and to continue with strengthening post discharge from PT. Although the MTUS Guidelines stress the importance of a home exercise program and recommend daily exercises, there is no evidence to support the medical necessity for access to the equipment available with a gym/pool membership versus resistive thera-bands to perform isometrics and eccentric exercises. It is recommended that the patient continue with the independent home exercise program as prescribed in physical therapy. The accumulated wisdom of the peer-reviewed, evidence-based literature is that musculoskeletal complaints are best managed with the eventual transfer to an independent home exercise program. Most pieces of gym equipment are open chain, i.e., the feet are not on the ground when the exercises are being performed. As such, training is not functional and important concomitant components, such as balance, recruitment of postural muscles, and coordination of muscular action, are missed. Again, this is adequately addressed with a home exercise program. Core stabilization training is best addressed with floor or standing exercises that make functional demands on the body, using body weight. These cannot be reproduced with machine exercise units. There is no peer-reviewed, literature-based evidence that a gym membership or personal trainer is indicated nor is it superior to what can be conducted with a home exercise program. There is, in fact, considerable evidence-based literature that the less dependent an individual is on external services, supplies, appliances, or equipment, the more likely they are to develop an internal locus of control and self-efficacy mechanisms resulting in more appropriate knowledge, attitudes, beliefs, and behaviors. Pool therapy does not seem appropriate as the patient has received land-based Physical therapy. There is no records indicating intolerance of treatment, incapable of making same gains with land-based program nor is there any medical diagnosis or indication to require aqua therapy at this time. The patient is not status-post recent lumbar or knee surgery requiring