

Case Number:	CM13-0061214		
Date Assigned:	12/30/2013	Date of Injury:	02/18/2005
Decision Date:	05/08/2014	UR Denial Date:	11/16/2013
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, has a subspecialty in Interventional Spine 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:

Patient is a 49 year old, with date of injury 02/18/05. Per 10/21/13 progress report, the patient reports continued neck pain, stiffness and muscle spasms with radiating pain down left upper arm. The documented diagnoses include: Status post anterior cervical discectomy and fusion at C4-5 and C6-7 on 11/01/12. Thoracic outlet syndrome, Thoracic outlet syndrome surgery with scalenectomy x2, most recent November 2009. According to 07/02/13 progress note, the patient had increase pain after discontinuing physical therapy. Patient is on temporary total disability. She continues to take Ambien, Cymbalta, Zanaflex and Topamax. She performs home exercises as tolerated, such as walking, TENS, heat, ice and bone stimulation. Utilization review letter disputed is dated 11/16/13. Reports included in the file were progress reports from 05/30/13 to 10/29/13 and therapy notes from 05/13/13 to 08/21/13.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) (ACUTE &CHRONIC) GYM MEMBERSHIP (LAST UPDATED 01/29/13)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EXERCISE Page(s): 46-47. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) LOW BACK CHAPTER, GYM MEMBERSHIP

Decision rationale: This patient presents with neck pain with radiating symptoms into left lower extremity. The patient is s/p C-spine fusions at C4-5 and C6-7 from 2012. The request is for gym membership x 6 months with pool access. According to ODG guidelines, lumbar chapter, for Gym memberships is not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revision 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. With unsupervised programs there is no information flow back to the provider, so he or she can make changes in the prescription, and there may be risk of further injury to the patient. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment, and are therefore not covered under these guidelines. While MTUS Chronic Pain Medical Treatment Guidelines page p 46-47 recommend exercises, "There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen." In this case, while the provider may argue that the patient can benefit from pool exercises, there is no support that the patient cannot do home exercises and that pool exercises are essential. Recommendation is for denial.