MAXIMUS Federal Services

Case Number:	CM13-0070761		
Date Assigned:	01/08/2014	Date of Injury:	05/03/2010
Decision Date:	03/19/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/26/2013

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 Physical Medicine and Rehabilitationand 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:

This 61 year-old patient sustained an injury on 5/3/10 while employed by [redacted]. Request under consideration include Gym membership x 12 months. Report of 11/13/13 from provider noted patient with chronic low back pain due to degenerative spondylosis of the lumbar spine and above musculoskeletal and neurological residual conditions. There is history of stroke (cerebral infarct) with residual right arm weakness, Broca's aphasia, cognitive decline, and deep venous thrombosis. The provider noted patient was transitioning to a long term daily exercise program and requested for gym membership program. It was noted the patient is doing his exercises/ stretches on the program's gym equipment and access will continue his functional gains that might otherwise be lost. The 1 year gym membership was non-certified on 12/6/13 citing guidelines criteria, cognitive issues as it relates to safety, 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:

Gym membership x 12 months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 18th Edition (web), 2013, Treatment for Workers' Compensation (TWC) - Low Back- Gym Membership

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) Gym Memberships, page 225

Decision rationale: This 61 year-old patient sustained an injury on 5/3/10 while employed by [redacted]. Request under consideration include Gym membership x 12 months. Report of 11/13/13 from provider noted patient with chronic low back pain due to degenerative spondylosis of the lumbar spine and above musculoskeletal and neurological residual conditions. There is history of stroke (cerebral infarct) with residual right arm weakness, Broca's aphasia, cognitive decline, and deep venous thrombosis. The provider noted patient was transitioning to a long term daily exercise program and requested for gym membership program. It was noted the patient is doing his exercises/ stretches on the program's gym equipment and access will continue his functional gains that might otherwise be lost. The 1 year gym membership was non-certified on 12/6/13 citing guidelines criteria, cognitive issues as it relates to safety, and lack of medical necessity. 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 (the opportunity to-). 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. Additionally, the patient has residual cognitive deficits from unrelated cerebral infarct with Broca's aphasia and right arm weakness. Submitted reports have not demonstrated the patient's ability to utilize the exercise equipment independently and safely to improve function despite the noted cognitive decline. [redacted]