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| Case Number: | CM14-0004859 | | |
| Date Assigned: | 01/24/2014 | Date of Injury: | 01/04/2006 |
| Decision Date: | 09/17/2014 | UR Denial Date: | 12/19/2013 |
| Priority: | Standard | Application Received: | 01/13/2014 |

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 Family 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 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 is a 67 year old female who reported an industrial injury on 1/4/2006, over 8 years ago, attributed to the performance of her customary job tasks as an office service manager performing phone and computer work. The patient complains of chronic neck and back pain with anxiety and depression. The patient was reported to be able to discontinue Relafen and Gabapentin when engaged in exercises such as water exercises or gym exercises. The patient was recently authorized 18 aquatic therapy sessions with one month trial of independent water therapy and exercises. The objective findings on examination included guarding to the lumbar spine; reported decreased range to the hips and knees with diminished range of motion. The pain management treatment plan included five (5) additional months of GYM membership with Aquatic therapy for the neck, bilateral knees, and lower back.

IMR ISSUES, DECISIONS AND RATIONALES

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

5 MONTH GYM MEMBERSHIP WITH AQUATIC THERAPY FOR THE NECK, BILATERAL KNEES, AND LOW BACK: 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) 2012 WEB-GYM MEMBERSHIPS.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 12 Low Back Complaints Page(s): 299-301, 15-16, 94, Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) back chapter-PT and exercises; aerobic exercises gym memberships; neck and upper back chapter--PT; exercise; aerobic exercise.

Decision rationale: There is no rationale provided that the patient cannot participate in a self-directed home exercise program for conditioning and strengthening. The patient has not been demonstrated to be participating in HEP (home exercise program). Aquatic therapy or a gym membership is not recommended for maintenance therapy when the patient is able to participate in land-based exercise. There is no demonstrated medical necessity for requested gym membership with aquatic therapy x5 months over the recommended self-directed HEP. Strengthening of the back, neck, and knees does not require exercise machines or pool therapy and is not medically necessary as opposed to the land-based self-directed home exercise program recommended by the CA MTUS 8 years after the DOI. The request for a GYM/pool membership for the patient for his chronic low back, neck, or knee pain was not supported with objective evidence to support medical necessity as opposed to a self-directed home exercise program for continued conditioning and strengthening. The patient has been documented to have received a substantial amount of physical therapy and conservative treatment. There is no objective evidence provided to support the medical necessity of the requested gym membership. There is no evidence provided that the patient is precluded from land-based exercises. The use of pool therapy is clearly available to the patient on an independent basis as a preferred exercise; however, there is no evidence that it is medically necessary over the recommended HEP. The treating physician did not provide subjective/objective evidence to support the medical necessity of the gym/pool membership for the treatment of the patient's low back, neck, or knee pain issues over the recommended participation in a self-directed home exercise program. The patient has been provided with a significant number of sessions of physical therapy on this industrial claim and the additional sessions requested exceed the recommendations of evidence based guidelines. There is no objective evidence to support the medical necessity of a Pool or GYM membership or supervised exercise program over the recommended self-directed home exercise program. The Official Disability Guidelines do not specifically address the use of Pool/Gym memberships for treatment of the back and state that "Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment, and are therefore not covered under these guidelines." The use of gym memberships or advanced exercise equipment without supervision by a health professional is not recommended. The ACOEM Guidelines state: "Aerobic exercise is beneficial as a conservative management technique, and exercising as little as 20 minutes twice a week can be effective in managing low back pain." The recommendations of the evidence-based guidelines are consistent with a self-directed home exercise program for conditioning and strengthening without the necessity of professional supervision. There is strong scientific evidence that exercise programs, including aerobic conditioning and strengthening, is superior to treatment programs that do not include exercise. There is no sufficient objective evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. A therapeutic exercise program should be initiated at the start of any treatment rehabilitation. Such programs should emphasize education, independence, and the importance of an on-going exercise regime. The patient will continue to benefit from an exercise program for her continued conditioning; however, there is no provided objective evidence that this is

accomplished with the addition of a supervised exercise program for an unspecified period of time. The ability to increase conditioning and strengthening is not dependent upon a gym membership but upon exercise in general. Patients are counseled to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Once the instructions or exercises are learned, the patient may exercise on their own with a self-directed home exercise program. Self-directed home exercises can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. The available clinical records do not demonstrate a significant functional deficit that would support the medical necessity of a formal pool or gym membership. The patient is not documented to participate in a self-directed HEP for the required stretching, strengthening, and conditioning as recommended by the ACOEM Guidelines and has demonstrated functional improvement without the use of sophisticated gym equipment. The patient has been provided with instructions to integrate into in a self-directed home exercise program for conditioning and strengthening without the necessity of professional supervision. There was no subjective/objective medical evidence provided to support the medical necessity for the requested pool/gym membership over a self-directed home program. Therefore, the request is not medically necessary.