

Case Number:	CM14-0009944		
Date Assigned:	02/21/2014	Date of Injury:	02/08/2012
Decision Date:	06/25/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/27/2014

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 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 29 year-old youth correctional officer sustained an injury to the mouth, lower back, and right knee on 2/8/12 while employed by [REDACTED]. Request(s) under consideration include gym membership x months QTY 6. The patient is s/p bilateral L5-S1 microdiscectomy and foraminotomy on 7/17/12. Conservative care has included medications, therapy, rest, and lumbar epidural steroid injection. Diagnoses include chronic bilateral L5 radiculopathy. Medications list Norco and Lyrica. Previous request for gym membership was denied on 7/16/13. Report of 12/4/13 from PA-c/provider noted patient with ongoing low back and left pain complaints rated at 5/10. He takes Norco and Gabapentin to help with pain and increase level of function. Exam showed antalgic gait decreased lumbar range in all planes; decreased sensation L5 and S1 dermatomes bilaterally; 5-/5 motor strength throughout lower extremities except for EHL of 4+/5; intact incision midline. Diagnoses included lumbar radiculopathy s/p microlumbar decompressive surgery bilaterally at L5-S1 on 7/17/12. Treatment included continuing exercise program and gym membership. Request(s) for gym membership x months QTY 6 was not medically necessary on 1/2/14 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:

GYM MEMBERSHIP X MONTHS QTY 6: 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) Treatment; Integrated Treatment/Disability Duration Guidelines Low Back-Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, EXERCISE, 46-47.

Decision rationale: This 29 year-old youth correctional officer sustained an injury to the mouth, lower back, and right knee on 2/8/12 while employed by [REDACTED]. Request(s) under consideration include gym membership x months QTY 6. The patient is s/p bilateral L5-S1 microdiscectomy and foraminotomy on 7/17/12. Conservative care has included medications, therapy, rest, and lumbar epidural steroid injection. Medications list Norco and Lyrica. Previous request for gym membership was denied on 7/16/13. Report of 12/4/13 from PA-c/provider noted patient with ongoing low back and left pain complaints rated at 5/10. He takes Norco and Gabapentin to help with pain and increase level of function. Exam showed antalgic gait decreased lumbar range in all planes; decreased sensation L5 and S1 dermatomes bilaterally; 5-/5 motor strength throughout lower extremities except for EHL of 4+/5; intact incision midline. Diagnoses included lumbar radiculopathy s/p microlumbar decompressive surgery bilaterally at L5-S1 on 7/17/12. Treatment included continuing exercise program and gym membership. 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. The gym membership x months QTY 6 is not medically necessary and appropriate.