MAXIMUS Federal Services

Case Number:	CM14-0103084		
Date Assigned:	09/16/2014	Date of Injury:	08/01/2008
Decision Date:	10/15/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/03/2014

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 55-year-old female who reported an industrial injury on 8/1/2008, over six (6) years ago, attributed to the performance of her usual and customary job tasks reported to packing a desk. The patient is diagnosed with bilateral shoulder bursitis with impingement, bilateral knee and hit degenerative joint disease, bilateral SI joint dysfunction, left ankle arthralgia with toe contusion, cervical strain, left shoulder contusion, left shoulder edema, AC joint change with SLAP lesion, left cubital tunnel syndrome, superimposed on cervical radiculopathy symptoms. The patient reports ongoing pain in her neck back left upper extremity, bilateral lower extremities. The patient has had to L5-S1 surgical interventions, one during 1998, and one on 9/29/2008 with and a L4-S1 fusion and a L3-L4 artificial disc replacement on 10/11/2010; SI joint injection; physical therapy; Orthovisc injections; back bracing; psychotherapy; aquatic therapy; and medications. It was noted that the patient had been performing aquatic classes and had lost 33 pounds in the last 11 months. The patient requested continuation with Weight Watchers to help decrease her weight along with aquatic therapy. The treatment plan included one year membership at the [redacted] for aquatic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Year [redacted] Membership for Aquatic Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC, Online Edition-Lumbar and Thoracic Chapter-Gym Memberships

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 12 Low Back Complaints Page(s): 299-301, 15-16,Chronic Pain Treatment Guidelines aquatic therapy, physical medicine Page(s): 94, 98-99.

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 but has been noted to have completed ongoing sessions of aquatic therapy and has lost weight. 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 [redacted] membership for one year for aquatic therapy over the recommended self-directed HEP. Strengthening of the back and extremities 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 six (6) years after the DOI.The request for a gym/pool membership at the [redacted] for one (1) year for the patient for her chronic low back and extremity 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 receive a substantial amount of physical therapy and conservative treatment. There is no objective evidence provided to support the medical necessity of the requested [redacted] pool 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 [redacted] pool membership for the treatment of the patient's low back/extremity 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. The patient should be in a self-directed home exercise program for conditioning and strengthening. There is no provided subjective/objective evidence to support the medical necessity of a pool or gym membership or supervised exercise program for the cited diagnoses. 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 or [redacted] pool 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.