

Case Number:	CM14-0106459		
Date Assigned:	09/16/2014	Date of Injury:	07/18/2001
Decision Date:	10/15/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	07/09/2014

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 & 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 52 year-old patient sustained an injury on 7/18/01 while employed by [REDACTED]. Request(s) under consideration include [REDACTED] Gym Membership (duration six months) and Weight loss evaluation. Diagnoses include Lumbar intervertebral disc degeneration/ disc displacement without myelopathy; symptoms referable to back; lower leg joint pain; s/p right knee TKR on 2/25/13. AME report of 10/15/13 noted the patient had not worked since 2/25/09 and has been receiving Social Security disability benefits. Report noted patient to be 5'6" at 180 pounds (from 198 down to 180). Chronic medication list include Oxycodone, Soma, Ambien Naproxen, Promolaxin, Senokot, Terocin cream and Medrox patches. Exam noted heel walking intact; lumbosacral and right SI notch tenderness; limited range; positive SLR at 70 degrees bilaterally; with normal sensation, DTRs 2+ and motor strength. Report of 4/30/14 from the provider has no notation of current weight/ height/ or BMI. The patient continued with low back complaints rated at 6-8/10 with associated lower extremity numbness, tingling, and pain to feet. Exam showed antalgic gait; diffuse tenderness of lumbar paraspinal region; global decrease in range limited by pain; diffuse weakness in bilateral legs of 4-4+/5. The provider noted request for decompressive procedure is ongoing for chronic low back symptoms. Supplemental AME report of 7/7/14 from the provider noted observations of the patient's activities to be unremarkable and opined questionable desire for any major surgery recommended unless the condition has greatly deteriorated; however, not presented. The request(s) for [REDACTED] Gym Membership (duration six months) and Weight loss evaluation were non-certified on 6/10/14 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 (duration six months): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EXERCISE Page(s): 46-47.

Decision rationale: 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 (duration six months) is not medically necessary and appropriate.

Weight loss evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Obesity, page 320 Other Medical Treatment Guideline or Medical Evidence: The Washington State guidelines state: Obesity does not meet the definition of an industrial injury or occupational disease.

Decision rationale: Although MTUS/ACOEM are silent on weight loss program, the ODG does state high BMI in obese patient with osteoarthritis does not hinder surgical intervention if the patient is sufficiently fit to undergo the short-term rigors of surgery. There is no peer-reviewed, literature-based evidence that a weight reduction program is superior to what can be conducted with a nutritionally sound diet and 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 less symptoms are ceremonialized and the sick role is reinforced as some sort of currency for positive gain, the greater the quality of life is expected to be. In addition, while weight reduction may be desirable in this patient, it should be pursued on a non-industrial basis. A search on the National Guideline Clearinghouse for "Weight Loss Program" produced no treatment guidelines that support or endorse a Weight Loss Program for any medical condition. While it may be logical for injured workers with disorders to lose weight, so that there is less stress on the body, there are no treatment guidelines that support a formal Weight Loss Program in a patient with chronic pain. The long term effectiveness of weight loss programs, as far as maintained weight loss, is very suspect. There are many published studies that show that prevention of obesity is a much better strategy to decrease the adverse musculoskeletal effects of obesity because there are no specific weight loss programs that produce long term maintained weight loss. Additionally, the patient's symptoms, clinical findings, and diagnoses remain unchanged for this July 2001 injury without acute flare, new injury, or specific surgical treatment plan hindered by the patient's chronic weight issue that would require an evaluation. Previous records in October 2013 from the AME noted patient had lost weight of 18 pounds with BMI at 29, borderline of overweight, not yet considered obese. It is unclear what is the patient's current weight status. The provider has not identified what program or any specifics of supervision or treatment planned. Other guidelines state that although obesity does not meet the definition of an industrial injury or occupational disease, a weight loss program may be an option for individuals who meet the criteria to undergo needed surgery; participate in physical rehabilitation with plan to return to work, not demonstrated here as the patient has remained not working since 2009. Supplemental AME report has no recommendation for any lumbar surgery contemplated. The Weight loss evaluation is not medically necessary and appropriate.