

Case Number:	CM14-0108530		
Date Assigned:	08/01/2014	Date of Injury:	03/23/2013
Decision Date:	10/03/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/11/2014

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 Texas. 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:

The patient is a 40 year old male who sustained an industrial injury on 3/23/2013. He was replacing an extra-large tire on a jet bridge and lifted upward and pushed forward with his right hand on a tire assembly (weighing 300-400 lbs) for a prolonged period, sustaining injury to his right wrist and low back. 11/21/2013 EMG/NCV of the right upper extremity was normal. On 6/3/2014, the patient was evaluated by his PTP. According to the PR-2, he reports continued severe low back pain, rated 9/10 w/o medications and 7/10 with. He has had 3 of 8 chiropractic sessions. He uses a friend's pool for aquatic exercise during which he feels considerable relief. He goes twice per week. He would like to join a pool near work to continue more frequent aquatic sessions. Wrist pain is rated 3 at rest and 6-7/10 with pressured dorsiflexion. He continues HEP as tolerated. Current medications include Norco, Naproxen, Orphenadrine, and Elavil. Physical examination reveals that the patient appears less distressed, guards the right wrist, right wrist swelling, painful dorsal extension, and tenderness. Lumbar ROM remains severely limited in all planes less than 20% with guarding, compensation, grimacing; severe spasm, tenderness, and SLR positive at 70 degrees for axial pain. Diagnoses back pain and DDD. Treatment plan includes request for gym membership for 6 months with access to aquatic facilities. Patient work status is off work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym Membership for 6 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 (ODG) Low Back Chapter Gym Memberships

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back; Gym Memberships

Decision rationale: As per ODG, Gym membership is not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals. While an individual exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision. With unsupervised programs there is no information flow back to the provider, so he or she can make changes in the prescription, and there may be risk of further injury to the patient. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment. According to the medical records, the patient sustained an industrial injury to the low back and right wrist on 3/23/2013, for which treatment to date has included medications, chiropractic, acupuncture and physical therapy. At this juncture the patient is well versed in a self-directed home exercise program. Regarding aquatic exercise, the CA MTUS state this form of exercise is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. However, this patient does not medically require reduced weight bearing. The guidelines support that functional improvements can be obtained safely and efficiently with a fully independent home exercise program and self-applied modalities which does not require access to a gym or health club. The guidelines support that with unsupervised programs, such as with gym memberships, health clubs or swimming pools, there is no information flow back to the provider, so that changes in the prescription can be made if needed, and there may be risk of further injury to the patient. Access to memberships to gyms and health clubs and the like, are not generally be considered medical treatment. The patient should be adequately established in an HEP, and it is not established that he requires a gym membership. Therefore, the medical necessity for 6 month gym membership is not medically necessary.