

<b>Case Number:</b>	CM14-0109281		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	03/22/1996
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	06/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2014

### 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 71-year-old male who reported an industrial injury to the back on 3/22/1996, over 18 years ago, attributed to the performance of his usual and customary job tasks. The patient complains of back pain. The patient has been treated with physical therapy medications and activity modifications. The patient also received a lumbar spine decompression and fusion to L3-L4 on 12/16/2013. The patient underwent removal of a spinal cord stimulator. X-rays determined fixation with good bone graft appearance. The patient was noted to be five months status post surgery and was doing quite well. There was some weakness noted to the bilateral lower extremities. The patient was to work on strengthening and conditioning. The treatment plan included a [REDACTED] Total Gym [REDACTED] since the patient wish to do home therapy for continued strengthening.

### IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] **Total Gym [REDACTED]**: Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47.

**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. There is no demonstrated medical necessity for requested [REDACTED] Total Gym [REDACTED]. The Total Gym [REDACTED] is not DME but is a form of exercise equipment for which the patient would be able to obtain on his own. Strengthening of the back 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. The request for a specific form of exercise equipment for the patient for his chronic low back status post-lumbar spine fusion 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 exercise equipment. The treating physician did not provide subjective/objective evidence to support the medical necessity of the GYM equipment for the treatment of the patient's low back pain issues over the recommended participation in a self-directed home exercise program. 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 exercise equipment or a GYM membership or supervised exercise program for the cited diagnoses. The Official Disability Guidelines do not specifically address the use of Pool/Gym memberships for treatment of the back and state, "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 his 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 or specific gym equipment. The request for the [REDACTED] Total Gym [REDACTED] is not medically necessary.