

Case Number:	CM14-0014000		
Date Assigned:	02/26/2014	Date of Injury:	03/04/2011
Decision Date:	08/22/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/03/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 36-year-old female with a date of injury of 03/04/2011. The listed diagnoses per [REDACTED] are: 1. Myalgia and myositis. 2. Anemia. 3. Irritable bowel syndrome. According to progress report 01/10/2014, the patient complains of total body pain, chronic fatigue, and problems with sleep. The patient has constant back pain and fatigue. Objective findings include no new joint swelling, normal neurological examination, and no rheumatoid arthritis deformities. The treating physician is requesting a [REDACTED] or gym membership for aquatic therapy for 1 year, for patient's fibromyalgia tender points and constant pain. Utilization Review denied the request on 01/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] or gym membership with aquatic therapy access for one year: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG guidelines have the following regarding Gym membership (knee): Not recommended as a medical

prescription unless a home exercise program 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. For more information on recommended treatments, see Physical therapy (PT) & Exercise. See also the Low Back Chapter.ODG guidelines have the following regarding gym membership (shoulder):Not recommended as a medical prescription unless a home exercise program 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. For more information on recommended treatments, see Physical therapy (PT) & Exercise. See also the Low Back Chapter.ODG guidelines on Gym membership for low back chapter: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, and are therefore not covered under these guidelines. For more information on recommended treatments, see Physical therapy (PT) & Exercise.

Decision rationale: This patient presents with chronic pain. The treating physician is requesting [REDACTED] or gym membership with aquatic therapy access for 1 year. Regarding gym memberships, ODG Guidelines only allow in cases where a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. In addition, treatment needs to be monitored and administered by medical professionals. In this case, the treating physician has asked for a 12 month gym membership but there is no explanation as to why the patient is not able to exercise at home, and what specific equipment needs the patient has. Request is not medically necessary.