

Case Number:	CM14-0014870		
Date Assigned:	06/04/2014	Date of Injury:	10/08/2009
Decision Date:	07/11/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/05/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 28-year-old male with a 10/8/09 date of injury to this shoulder after using a cordless screw which he lost control of and torqued his right arm. He also had a prior claim in 2009 after falling off the back of a truck. He is status post lumbar disc surgery in 2012. He has a diagnosis of lumbar disc displacement, lumbosacral (LS) neuritis, bilateral patellar tendinopathy, and rotator cuff disorder. He was seen on 11/22/13 with low back and leg pain complaints. The patient stated he walks one hour per day for exercise. Exam findings revealed decreased range of motion and tenderness of the lumbar spine, right shoulder strength and left quadriceps strength at of 4+/5, otherwise the patient was neurologically intact with regard to strength, sensation, and reflexes. Treatment to date: medications, aquatic therapy, physical therapy, epidural injections UR decision dated 1/24/14 denied the request given there is no documentation that a home exercise program has not been effective, there is a need for specific exercise equipment, and that the treatment plan must be monitored by medical professionals.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE YEAR GYM AND POOL MEMBERSHIP: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Gym Membership.

Decision rationale: CA MTUS does not address this issue. A 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. Moreover, 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. This patient walks one hour per day, and had extensive physical therapy after his lumbar surgery. It is unclear why the patient is not independent in a HEP or if he has failed one. Regardless, gym memberships without the supervision of medical professionals is not supported per the Official Disability Guidelines. The request as submitted was not medically necessary.