MAXIMUS Federal Services

Case Number:	CM14-0120959		
Date Assigned:	08/06/2014	Date of Injury:	03/28/2011
Decision Date:	10/03/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	07/31/2014

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 Emergency Medicine 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 injured worker is a 69 year old female who reported an injury on 03/28/2011. The mechanism of injury occurred while lifting heavy airplane equipment. Her diagnoses included cervical pain, low back pain, and left sacroiliac joint dysfunction. The injured workers' past treatments included physical therapy, medication, and acupuncture. Her diagnostics included X-rays and MRI's of the lumbar and cervical spine. Her surgical history was not indicated in the clinical notes. On 06/24/2014, the injured worker complained of low back and neck pain. The physical exam revealed that her cervical spine flexion was about 75% of normal and extension past neutral caused increased pain. There was a reproducible tenderness to the midline area of the left paraspinal area. The lumbar spine had flexion and extension that was 50% of normal with tenderness over the lumbar musculature and her reflexes were 2/4 bilaterally. On a physical therapy note dated 07/02/2014, it was documented that the injured worker had 40 degrees of flexion and extension to the cervical spine. Her medications included Norco and lidocaine. The treatment plan encompassed the continuation of physical therapy and the furtherance of independent exercises with a gym membership for 1 year. The rationale for the request was to continue independent exercises. The Request for Authorization was signed and submitted on 07/09/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership x1 year: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines- Low back-Lumbar and Thoracic (acute & chronic)

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, Gym Memberships.

Decision rationale: The Official Disability Guidelines do not recommend a gym membership 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. The treatment needs to be monitored and administered by medical professionals. While an individual exercise program is 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. 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, would not generally be considered medical treatment, and are therefore not covered under these guidelines. Based on the clinical notes, the injured worker was still participating in a physical therapy program as of 07/02/2014 and was making progress towards her goals. The physical therapy progress notes stated the injured worker "demonstrates excellent effort in rehab, has good compliance with her home exercise program and had decreased pain with increased functional strength." The guidelines recommend a gym membership as a prescription only if it is documented that a home exercise program has not been effective and there is a need for equipment. The clinical notes state the injured worker is compliant with her home exercise program and is making functional gains. Additionally, an individual exercise program is recommended but should be monitored by a medical professional so that changes can be made to the treatment plan as goals are met. Therefore, due to lack of support from the guidelines, lack of documentation indicating that a home exercise program has failed and there is a need for equipment, the request for a gym membership for 1 year is not medically necessary.