

Case Number:	CM14-0124726		
Date Assigned:	08/08/2014	Date of Injury:	11/01/2010
Decision Date:	09/18/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/06/2014

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 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 injured worker is a 60-year-old female who reported an injury on 11/01/2010 due to repetitive strains. The injured worker was diagnosed with knee pain, lumbar radiculopathy, lumbar facet syndrome, mood disorder, and low back pain. Prior treatments included bilateral knee braces, a home TENS unit, 5 psychiatric treatments with an additional 5 pending, and a home exercise program. Prior diagnostic studies included an MRI of the left knee which was performed on 01/11/2012, an x-ray of the left knee which was performed on 01/11/2012, an MRI of the lumbar spine which was performed on 07/11/2012, an EMG/NCV which was performed on 08/14/2013, an x-ray of the lumbar spine which was performed on 08/29/2013, and an EMG/NCV which was performed on 10/09/2013. On 07/25/2014 the injured worker noted pain with medications was 5/10. Pain without medications was 6/10. The injured worker stated her activity level was increased, and she was taking her medications as prescribed. She reported no side effects and stated the medications were working well. The injured worker was fitted for her bilateral knee braces, which she was to receive in the following month. The injured worker noted Lidoderm patches were helpful to allow her to ambulate. With the patches she was able to walk an additional block per day. She continued with psychotherapy sessions, noting they were very helpful to help her cope with pain and limitations. The physician noted the injured worker was 5 feet 3 inches, weighed 242 pounds, and had a body mass index of 42.86. The physician noted the injured worker utilized Aquatherapy previously, and it was helpful to increase her energy, range of motion, and strength; she attended aquatic therapy for 6 weeks, 2 times per week. The injured worker was prescribed Flector, Trazodone, Pennsaid 2% solution, and Lidoderm 5% patch. The physician's treatment plan was to continue the use of a TENS unit, as it had been helpful to the injured worker. It was recommended that the injured worker continue to receive psychotherapy sessions and the physician was going to explore the possibility of

psychotropic medications to assist the injured worker. The physician was requesting a gym membership with a pool at the [REDACTED] for 6 months to continue her pool exercises. The injured worker was stable, her quality of life was improved, and she had increased capacity for daily activities with her medication regimen. The physician recommended the gym membership and pool at the [REDACTED] to increase strength and range of motion without affecting her knees bilaterally or her lower back. The Request for Authorization form was signed on 07/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym Membership with Pool ([REDACTED]) for 6 Months for Lumbar Spine and Bilateral Knees: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The Official Disability guidelines note gym memberships are 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. 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. The physician notes that the injured worker has experienced functional improvement and a reduction in pain pertaining to activities of daily living. Per the documentation the medications, TENS unit, and home exercises are tolerated, and use of a pool previously helped the injured worker move closer to her goal of becoming permanent and stationary. There is a lack of documentation indicating the injured worker tried a home exercise program which was ineffective even after revision. However, a membership to a facility without proper medical staffing to monitor and guide the injured worker would not be appropriate. The request for a 6 month membership would not be indicated as the efficacy of treatment should be assessed prior to continuation of a program. As such, the request for Gym Membership with Pool ([REDACTED]) for 6 Months for Lumbar Spine and Bilateral Knees is not medically necessary and appropriate.