

Case Number:	CM14-0130436		
Date Assigned:	08/20/2014	Date of Injury:	12/22/2001
Decision Date:	09/18/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	08/15/2014

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 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 51-year-old patient sustained a work-related injury on 12/22/2001. The request under consideration is for a 6-month gym membership for aquatic therapy. The diagnosis is forearm osteoarthritis. Report of 7/24/14 from the provider noted patient with ongoing chronic right-sided neck, right lower back, and left elbow pain, as well as depression/anxiety. Lumbar L4-5 laminectomy/foraminotomy was recommended; however, the patient had deferred surgery. Conservative care has included use of a TENS unit, exercising, and aquatic therapy with pain relief in the neck and back; Sanders traction was noted to not help much. Pain persists, and the patient takes four Hydrocodone. Exam showed tenderness over the right lumbar spine, right sciatic notch, cervical vertebral prominence, left elbow with contracture, and left radial head; non-tender left sciatic notch, trapezius; lumbar flexion to knees with extension of 10 degrees; lumbar tilt at 10 degrees; cervical range diminished in flex/ext/lateral rotation of 30/20/30/30; left elbow fully flexes and pronates with discomfort, lacks 10 degrees supination. The request for a 6-month gym membership for aquatic therapy was non-certified by UR on 8/11/14, with the reviewer citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 month gym membership for aquatic therapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Aquatic Therapy (Including Swimming) Page(s): 78, 93, and 98.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Gym Memberships, page 225.

Decision rationale: Although the MTUS Guidelines stress the importance of a home exercise program and recommend daily exercises, there is no evidence to support the medical necessity for access to gym equipment or a swimming pool, as opposed to resistive therabands to perform isometrics and eccentric exercises. It is recommended that the patient continue with the independent home exercise program as prescribed in physical therapy. The accumulated wisdom of the peer-reviewed, evidence-based literature is that musculoskeletal complaints are best managed with the eventual transfer to an independent home exercise program. Most pieces of gym equipment are open chain, i.e., the feet are not on the ground when the exercises are being performed. As such, training is not functional and important concomitant components, such as balance, recruitment of postural muscles, and coordination of muscular action, are missed. Again, this is adequately addressed with a home exercise program. Core stabilization training is best addressed with floor or standing exercises that make functional demands on the body using body weight. These cannot be reproduced with machine exercise units. There is no peer-reviewed, literature-based evidence that a gym membership or personal trainer is indicated or is superior to what can be conducted with a home exercise program. There is, in fact, considerable evidence-based literature that the less dependent an individual is on external services, supplies, appliances, or equipment, the more likely they are to develop an internal locus of control and self-efficacy mechanisms, resulting in more appropriate knowledge, attitudes, beliefs, and behaviors. Pool therapy does not seem appropriate, as the patient has received land-based physical therapy. There are no records indicating intolerance of treatment or that the patient is incapable of making same the same gains with a land-based program, nor is there any medical diagnosis or condition requiring aqua therapy at this time. The patient is not status post recent lumbar or knee surgery, nor is there diagnosis of morbid obesity requiring gentle aquatic rehabilitation with passive modalities. The patient has completed formal sessions of physical therapy, and there is nothing submitted to indicate functional improvement from treatment already rendered. There is no report of new, acute injury that would require a change in the functional restoration program. There is no report of an acute flare-up, and the patient has been instructed on a home exercise program for this injury. Therefore, the 6-month gym membership for aquatic therapy is not medically necessary and appropriate.