

<b>Case Number:</b>	CM14-0132792		
<b>Date Assigned:</b>	10/09/2014	<b>Date of Injury:</b>	02/23/2003
<b>Decision Date:</b>	11/14/2014	<b>UR Denial Date:</b>	07/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2014

### 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 Orthopedic Surgery and is licensed to practice in Indiana. 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 50-year-old female with multiple diagnoses including acute and recurrent lumbar strain, thoracic strain, acute and recurrent right hip strain, and s/p revision total knee arthroplasty. The date of injury is 2/23/03. According to the treating physician, the injured worker has had multiple orthopedic issues, has had difficulty obtaining approval and scheduling physical therapy, is physically deconditioned, has undergone a revision right total knee arthroplasty, and has decreased strength in both lower extremities. The treating physician is requesting approval for physical therapy 2x4 to the lumbar spine and bilateral lower extremities and approval for gym membership.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 x 4 to lumbar spine and bilateral lower extremities:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46 - 47.

**Decision rationale:** According to the CA MTUS Chronic Pain Medical Treatment Guidelines, exercise is recommended. There is strong evidence that exercise programs, including aerobic

conditioning and strengthening, is superior to treatment programs that do not include exercise. There is not sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. A therapeutic exercise program should be initiated at the start of any treatment or rehabilitation program, unless exercise is contraindicated. Such programs should emphasize education, independence, and the importance of an on-going exercise regime. The injured worker has chronic lower back pain with bilateral leg symptoms and a formal exercise program would be beneficial for the worker. The request for physical therapy to the lumbar spine and both lower extremities 2x/week x 4 weeks is reasonable, is acceptable within the guidelines and is therefore medically necessary.

**Gym membership x 3 months:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back, Lumbar and Thoracic (Acute and Chronic), Gym Memberships

**Decision rationale:** The CA MTUS Guidelines are silent on gym memberships. According to the ODG guideline for the low back, 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. 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. Since the request for gym membership for 3 months does not meet the guidelines, the request is not medically necessary.