MAXIMUS Federal Services

Case Number:	CM14-0157560		
Date Assigned:	09/30/2014	Date of Injury:	08/31/2013
Decision Date:	11/18/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	09/25/2014

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 Family Medicine 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 31-year old man's date of injury is 8/31/13. The available records do not contain any information regarding the mechanism of injury and what body parts were injured. The patient was seen in the primary treater's office on 6/25/14. The documentation for this visit contains very little information, and consists of several pre-printed forms with check boxes, signed by 2 different PAs. The patient's complaints include lower back and bilateral knee pain. Physical findings include decreased light touch sensation in the left mid-anterior thigh, left mid-lateral calf and left and left lateral ankle. Diagnoses include lumbar spine strain with radiculopathy, bilateral knee strains, and "other problems unrelated to current condition". Treatment plan includes MRI of the lumbar spine, acupuncture 2x/week for 6 weeks, "pain medicine" and a sleep study. There is a subsequent note dated 9/3/14 with identical complaints and findings. The note contains a hand-written statement that the patient "wants to continue his exercises that are taught at physical therapy at the gym. He also wants a gym membership". The treatment plan includes a request for a one-year gym membership, and a note that acupuncture had been non-certified in UR. A note dated 6/26/14 from a pain specialist includes a diagnosis of left knee pain, and a plan to increase the dosage of the patient's Norco and gabapentin. Another note from the pain specialist dated 4/2/14 includes a request for physical therapy 2x/week for 6 weeks. That note included diagnoses of left knee pain, chondromalacia and chronic pain syndrome. The records contain a copy of urine drug screen results from a screen collected on 7/10/14, which is negative for both hydrocodone and gabapentin. (The patient was documented as taking both Norco and gabapentin at the time it was collected, which would suggest non-compliance with medical treatment.) All notes either don't document work status or document that the patient is off work and will continue to be for weeks.Note: the UR physician appears to have conflated the requests for a one-year gym membership and the request for acupuncture 2x/week for 6 weeks

on 9/15/14 when he stated that a gym membership 2x/week for 3 weeks was non-certified. The individual who filled out and signed the application for Independent Medical Review has carried this error forward. (The signature appears to be that of the patient's lawyer.) Accordingly, I will address the request as being either for 2x/week for 3 weeks, or for one year.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym Membership 2xWk x 3Wks, low back/right knee/left knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Gym Memberships; and Knee & Leg, Gym Memberships

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Improvement; Exercise Page(s): 9; 47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee chapter, Gym memberships: and Low Back chapter, Gym memberships

Decision rationale: According to the MTUS cited above, all therapies should be focused on the goal of functional improvement rather than just pain elimination.Per the second reference, there is strong evidence that exercise programs are superior to programs which do not include exercise, but there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. Exercise programs should emphasize education, independence and the importance of an ongoing exercise regimen.The ODG references state that a gym program is not recommended unless a home exercise program has not been effective and there is a need for equipment. In addition, it is recommended that treatment be monitored by a health care professional, which is not the case with a gym membership. The clinical findings in this case do not support a gym program of any length. The notes make it clear that the patient has had at least some physical therapy (amount and response not documented), and that he wants to continue the exercises he has learned in a gym. It is not clear why he needs a gym to continue an exercise program that should have been specifically designed for home use. The primary treater has not identified any functional deficit or goal that could only be addressed by a gym program.A gym membership is not in alignment with the goal of independence in an exercise program and in fact reinforces the patient's perception that he needs outside help and equipment. A statement that the patient wants to continue the exercises he was taught in physical therapy at a gym and therefore wants a gym membership, does not constitute a careful assessment of the patient's functional status and goals, and is not an acceptable rationale for a gym program.Based on the evidence-based references above and the clinical information provided to me, a gym membership of any length (either for 2x/week for 3 weeks, or for one year) is not medically necessary. A gym membership is not medially necessary because there is no documentation of a functional deficit or goal that could only be addressed by a gym program, and because engaging in home exercise is more likely to foster the patient's independence. The request is not medically necessary.