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| Case Number: | CM14-0175627 | | |
| Date Assigned: | 10/28/2014 | Date of Injury: | 05/19/2013 |
| Decision Date: | 12/05/2014 | UR Denial Date: | 09/27/2014 |
| Priority: | Standard | Application Received: | 10/23/2014 |

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 30 year old injured worker sustained an injury on 5/19/13 while employed by [REDACTED]. Request(s) under consideration include Gym membership pool facility for cervical spine and right shoulder. Magnetic resonance imaging (MRI) of the cervical spine dated 6/19/13 showed mild degeneration at C4-7; Magnetic resonance imaging (MRI) of the right shoulder dated 8/22/13 showed tendinosis without tear. Conservative care has included medications, physical therapy, cervical epidural steroid injection (on 5/5/14 with 30% improvement lasting 3 weeks), and modified activities/rest. Report from the provider noted the injured worker with ongoing chronic symptoms of the neck and right shoulder. Exam showed decreased neck range in all planes; normal intact sensation and DTRs 2+; right shoulder with decreased range of flex/ ext/ abd/ add/ IR/ ER of 80/ 30/ 95/ 50/ 50/ 80 degrees; with normal shoulder strength. Treatment included series of CESI and gym with aquatic therapy. The request(s) for Gym Membership Pool Facility for Cervical Spine and Right Shoulder was non-certified on 9/27/14 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:

Gym Membership Pool Facility for Cervical Spine and Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46. Decision based on Non-MTUS Citation ODG, Low Back, Gym Memberships

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

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 the equipment available with a gym/pool membership versus resistive thera-bands to perform isometrics and eccentric exercises. It is recommended that the injured worker 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. 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 nor is it 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 injured worker has received land-based Physical therapy. There is no records indicating intolerance of treatment, incapable of making same gains with land-based program nor is there any medical diagnosis or indication to require Aqua therapy at this time. The injured worker is not status-post recent lumbar or knee surgery nor is there diagnosis of morbid obesity requiring gentle aquatic rehabilitation with passive modalities. The injured worker 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 injuries that would require a change in the functional restoration program. There is no report of acute flare-up and the injured worker has been instructed on a home exercise program for this injury. The Gym Membership Pool Facility for Cervical Spine and Right Shoulder is not medically necessary.