

Case Number:	CM14-0035573		
Date Assigned:	06/23/2014	Date of Injury:	05/03/2011
Decision Date:	07/18/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/24/2014

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 & Rehab, 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 47 year-old patient sustained an injury on 5/3/11 while employed by [REDACTED]. Request(s) under consideration include Gym Membership for 6 months. Report of 11/22/13 from the provider noted patient with pectoral pain and was diagnosed with radiculitis from the ribs pain (history of T5-9 fractures). Report of 2/14/14 from the provider noted the patient with diffuse pain in the neck, interscapular region; lower back and left groin area radiating to right leg with left arm numbness as well. Exam of cervical spine noted tenderness, tightness, and crepitus; positive Spurling's; and functional range; lumbar spine with tenderness, tightness and limited range of flex/ext/rotation 45/30/neutral degrees; positive straight leg raises at 20 degrees bilaterally; positive bilateral SI joint pain; hypoesthesia along lateral feet and left lateral arm; thoracic spine with diffuse tenderness and spasm. Diagnoses include lumbago, lumbar degeneration/ lumbosacral intervertebral disc; thoracic or lumbar spondylosis with myelopathy. Medications list Morphine ER, Norco, Flexeril, Lyrica, and Ambien. Request(s) for Gym Membership for 6 months was non-certified on 2//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 for 6 months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back (updated 2/13/14): Gym memberships.

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

Decision rationale: It can be expected that the patient had been instructed in an independent home exercise program to supplement the formal physical therapy the patient had received and to continue with strengthening post discharge from PT. 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 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. The Gym Membership for 6 months is not medically necessary and appropriate.