

Case Number:	CM14-0036479		
Date Assigned:	06/25/2014	Date of Injury:	09/19/2001
Decision Date:	08/27/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	03/25/2014

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 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 65 year-old male student supervisor sustained an injury on 9/19/2001 while employed by [REDACTED]. Request under consideration includes a trial at a health club w/pool access Qty: 13.00. It was noted the patient has permanent & stationary (P&S) disability status for injury to the cervical, lumbar spine, left shoulder and left hip. The patient is status post left total hip replacement on 8/6/07 and cervical discectomy and fusion of C3-6 for cervical spine injury in 1986. Conservative care has included medications, physical therapy, multiple lumbar epidural steroid injection in 2008 and on 3/19/09 with only 3 days of pain relief, left shoulder injections, facet blocks, and modified activities/rest. Report of 1/28/14 from the PA/provider noted a recent lumbar epidural steroid injection (LESI) wore off 3 weeks ago with chronic pain symptoms. An exam showed a positive straight leg raise test bilaterally, lumbar spasm and guarding with intact sensation and motor strength 5/5 in lower extremities. the patient's treatment included gym membership with pool, x-rays, medications refill, and remain P&S. Report of 3/12/14 from the provider noted unchanged chronic low back pain s/p recent LESI. There has been a previous utilization peer review dated 2/11/14 noting non-certification for Gym membership with pool x 1 year. The request for Trial at a health club w/pool access was non-certified on 3/21/14 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:

Trial at a health club w/pool access Qty: 13.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Low back chapter; Gym membership.

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 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 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. There is no records indicating intolerance of land based 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 patient has completed formal sessions of PT 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 patient has been instructed on a home exercise program for this injury. The trial at a health club w/pool access Qty: 13.00 are not medically necessary and appropriate.