

Case Number:	CM14-0060121		
Date Assigned:	07/09/2014	Date of Injury:	04/28/2003
Decision Date:	08/29/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	04/30/2014

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 patient sustained an injury on 4/28/03 while employed by [REDACTED]. Request(s) under consideration include Gym Membership 6 months. Per report of 4/10/14 from the provider, the patient is s/p right TKA on 11/28/12, laminectomy/facetectomy on 5/16/13, and is scheduled for neck surgery on 6/18/14. An unspecified procedure on 1/16/14 has provided symptom relief with pain rated at 5/10. The patient was initially in aquatic therapy and is now in land therapy. Back pain reportedly feels better but still with stiffness and numbness. Exam is antalgic and slow with left limp; diminished sensation over left hand ulnar distribution and right leg/foot; 4+/5 grip strength; decreased neck and back range of motion; Spurling's equivocal; without spinous tenderness. Diagnoses include chondromalacia patella, right knee joint pain; obesity; s/p left shoulder surgery; s/p bilateral TKA; cervicalgia rule out radiculopathy; gait derangement, neurogenic claudication; comorbid insomnia; sciatica; s/p L3-5 laminectomy; and vertigo. Treatment included medications refill. Request(s) for Gym Membership 6 months was non-certified on 4/17/14 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 6 months: Upheld

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, Pages 46-47 Page(s): 46-47.

Decision rationale: This patient sustained an injury on 4/28/03 while employed by [REDACTED]. Request(s) under consideration include Gym Membership 6 months. Per report of 4/10/14 from the provider, the patient is s/p right TKA on 11/28/12, laminectomy/facetectomy on 5/16/13, and is scheduled for neck surgery on 6/18/14. An unspecified procedure on 1/16/14 has provided symptom relief with pain rated at 5/10. The patient was initially in aquatic therapy and is now in land therapy. Back pain reportedly feels better but still with stiffness and numbness. Exam is antalgic and slow with left limp; diminished sensation over left hand ulnar distribution and right leg/foot; 4+/5 grip strength; decreased neck and back range of motion; Spurling's equivocal; without spinous tenderness. Diagnoses include chondromalacia patella, right knee joint pain; obesity; s/p left shoulder surgery; s/p bilateral TKA; cervicgia rule out radiculopathy; gait derangement, neurogenic claudication; comorbid insomnia; sciatica; s/p L3-5 laminectomy; and vertigo. Treatment included medications refill. Request(s) for Gym Membership 6 months was non-certified on 4/17/14. 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. 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. The Gym Membership 6 months is not medically necessary and appropriate.