

<b>Case Number:</b>	CM14-0071325		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	10/10/2010
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	05/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/16/2014

### 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 & 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 56 year-old patient sustained an injury on 10/10/10 while employed by [REDACTED]. Request(s) under consideration include Gym membership for pool therapy (per year) and Trainer for guided exercise (per year) QTY: 1. Diagnoses include cervical discogenic pain syndrome; lumbar disc herniation with bilateral lower extremity radiculopathy; lumbar degenerative disc disease; depression; and anxiety. Report of 4/14/14 from the provider noted the patient with ongoing cervical pain rated at 8/10 without medications and 5/10 with medications with stiffness and spasm. The patient has stopped Cymbalta and her mouth sore has gone away. Exam showed bilateral upper extremity strength of 5-/5; negative Spurling's; tender cervical paraspinals and facet joints; reduced cervical range of motion secondary to pain and spasm; reduced sensation at right LE; tender sciatic notch; positive Patrick's and Gaenslen's on right side; TTP of lumbar paraspinals with tightness and myofascial restrictions; positive SLR on right. Treatment requests as above. Request(s) for Gym membership for pool therapy (per year) and Trainer for guided exercise (per year) QTY: 1 was non-certified on 5/1/14 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 pool therapy (per year): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 13-14, 90-91, and 114, Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Exercise, Pages 46-47 Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Gym Memberships, page 225.

**Decision rationale:** This 56 year-old patient sustained an injury on 10/10/10 while employed by [REDACTED]. Request(s) under consideration include Gym membership for pool therapy (per year) and Trainer for guided exercise (per year) QTY: 1. Diagnoses include cervical discogenic pain syndrome; lumbar disc herniation with bilateral lower extremity radiculopathy; lumbar degenerative disc disease; depression; and anxiety. Report of 4/14/14 from the provider noted the patient with ongoing cervical pain rated at 8/10 without medications and 5/10 with medications with stiffness and spasm. The patient has stopped Cymbalta and her mouth sore has gone away. Exam showed bilateral upper extremity strength of 5-/5; negative Spurling's; tender cervical paraspinals and facet joints; reduced cervical range of motion secondary to pain and spasm; reduced sensation at right LE; tender sciatic notch; positive Patrick's and Gaenslen's on right side; TTP of lumbar paraspinals with tightness and myofascial restrictions; positive SLR on right. Treatment requests as above. 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. Pool Therapy does not seem appropriate as the patient 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 patient is not not not not not not not status-post recent lumbar or knee surgery nor is there diagnosis of morbid obesity requiring gentle aquatic rehabilitation with passive modalities. 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 Gym membership for pool therapy (per year) is not medically necessary and appropriate.

**Trainer for guided exercise (per year) QTY:1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 98-99 and 114, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Exercise, Pages 46-47 Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG, Chapter-Knee, Exercises, Physical Trainers, pages 229-302 and Chapter-Low Back, Back Schools, pages 372-373.

**Decision rationale:** This 56 year-old patient sustained an injury on 10/10/10 while employed by [REDACTED]. Request(s) under consideration include Gym membership for pool therapy (per year) and Trainer for guided exercise (per year) QTY: 1. Diagnoses include cervical discogenic pain syndrome; lumbar disc herniation with bilateral lower extremity radiculopathy; lumbar degenerative disc disease; depression; and anxiety. Report of 4/14/14 from the provider noted the patient with ongoing cervical pain rated at 8/10 without medications and 5/10 with medications with stiffness and spasm. The patient has stopped Cymbalta and her mouth sore has gone away. Exam showed bilateral upper extremity strength of 5-/5; negative Spurling's; tender cervical paraspinals and facet joints; reduced cervical range of motion secondary to pain and spasm; reduced sensation at right LE; tender sciatic notch; positive Patrick's and Gaenslen's on right side; TTP of lumbar paraspinals with tightness and myofascial restrictions; positive SLR on right. Treatment requests as above. It can be expected that the patient be instructed in an independent home exercise program to supplement the formal physical therapy the patient has completed to continue with strengthening post discharge from formal PT. Although the ACOEM guidelines do recommend daily exercises, there is no evidence to support the medical necessity for access to the personal trainer versus resistive therabands to perform isometrics and eccentric exercises for use in an independent home exercise program. Although guidelines are silent in their recommendations on a personal trainer, ODG does noted clinical studies comparing patients separated into strength training, self-management, or a combination of these options showed no significant differences among the groups regarding physical functioning measures, pain, or disability. It also found that a Lift Trainer Program overall was not effective in the prevention of incidence of injuries for chronic low back pain. It is recommended that the patient continue with the independent home exercise program as prescribed in physical therapy. MTUS does stress the importance of a home exercise program. 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. The Trainer for guided exercise (per year) QTY: 1 is not medically necessary and appropriate.

