

Case Number:	CM14-0074327		
Date Assigned:	07/16/2014	Date of Injury:	03/24/2010
Decision Date:	10/07/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/22/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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:

The injured worker is a 49 year old female who was injured on 03/24/10 when she felt a pull in her back while moving large storage boxes on a dolly. The injured worker complains of mid back, low back and neck pain. Qualified Medical Examination Report dated 10/17/13 states that on the date of injury the injured worker had moved 11 boxes and went to move another when it started to fall. The injured worker attempted to stop it but it fell onto her left arm, which was pulled, and the injured worker felt a sharp pulling pain in her mid-back region. This note states the injured worker underwent a two-level fusion of the cervical spine at C5-6 and C6-7 on 10/15/10. Records indicate postsurgical treatment for the cervical spine has included greater than 24 total sessions of physical therapy, multiple cervical epidural steroid injections (ESIs) and cervical diagnostic medial branch facet joint blocks at four levels on 04/05/12 (left) and 06/21/12 (right). The injured worker's most recent ESI was performed at C7-T1 on 12/04/13. Treatment for lumbar complaints has included ESIs, medications and physical therapy. An Agreed Medical Re-evaluation dated 02/11/14 states, "This [injured worker's] symptoms and examination show worsening compared to her evaluation on [08/28/12]." This note states the injured worker requires future medical care such as medication, physical therapy and injections. Progress report dated 02/27/14 states the injured worker's cervical epidural from 12/2013 continues to be helpful for the cervical spine, but that the pain is returning in the lumbar spine. It is noted physical therapy has been helpful. This note includes a request for physical therapy. The most recent progress note is dated 04/10/14 states the injured worker's medications are working well. It is noted the injured worker completed 6 additional physical therapy visits with excellent relief. It is noted the injured worker would like to continue with a gym membership. This note later states the injured worker recently completed 12 sessions of physical therapy and attended a free 2 week trial gym membership where she participated in water aerobics. This, along with a home exercise

program, allowed the injured worker to "drastically reduce her opiate use after a flare up and muscle relaxant as well." A one year gym membership is requested so that the injured worker "can continue water aerobics and home exercise program." A request for a one year gym membership is denied by Utilization Review dated 05/06/14 stating the proposed gym membership is considered, per American College of Occupational and Environmental Medicine, to be a matter of injured worker responsibility as opposed to a matter of payer responsibility.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Gym membership: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 58. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, section on Whole body vibration (WBV) exercise (covers gym memberships)

Decision rationale: Per American College of Occupational and Environmental Medicine, it is the injured worker's responsibility to maintain an exercise program. Official Disability Guidelines specifically addresses gym memberships and states, "Gym memberships may be recommended, but may not be considered primarily medical in nature and covered under insurance." Gym memberships include exercise which is not monitored and may be more accurately included as part of a home exercise program. Records note the rationale for the requested gym membership states, "so [injured worker] can continue water aerobics and home exercise program." As guidelines find home exercise programs to be the responsibility of the individual injured worker, medical necessity of the request for a one year gym membership is not established.