

Case Number:	CM14-0081750		
Date Assigned:	07/18/2014	Date of Injury:	02/04/2010
Decision Date:	09/12/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	06/02/2014

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 44-year-old patient sustained an injury on 2/4/10 while employed by [REDACTED]. Request(s) under consideration include [REDACTED] 12 Month Gym Membership. Diagnoses include bilateral carpal tunnel syndrome; patellar tendinitis, unspecified myalgia and myositis, depressive disorder, and sacroiliac sprain/strains. Report of 4/15/14 from the provider noted the patient with ongoing chronic right hand daily numbness with occasional neck and right shoulder pain. Medications list Pamelor and Omeprazole. Report of 5/27/14 noted patient with daily right hand numbness and occasional neck and shoulder pain controlled with aquatic pool program. Exam of cervical spine noted no limitation in range of motion; paravertebral spasm, hypertonicity and tenderness; negative Spurling's and no radicular symptoms, negative Adson's and no spinal process tenderness; right shoulder without limitation in range, negative provocative testing of Hawkin's Neer's, Jobe's, tenderness in periscapular muscles; 4+-5-/5 in bilateral upper limb motor strength, decreased median nerve sensation with normal DTRs (Deep tendon reflexes) in upper and lower extremities. It was noted the patient has upcoming expiration of her 6 month gym membership with recommendation for another 12 months to help increase ADL (Activities of Daily Living) function and improve pain. Permanent restrictions are unchanged. Request(s) for [REDACTED] 12 Month Gym Membership 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:

[REDACTED] 12 Month Gym Membership: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gym Membership. Decision based on Non-MTUS Citation Exercise Official Disability Guidelines: Low Back - Lumber and Thoracic (Acute and Chronic).

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

Decision rationale: 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 there-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 [REDACTED] 12 Month Gym Membership is not medically necessary and appropriate.