

Case Number:	CM14-0084371		
Date Assigned:	07/21/2014	Date of Injury:	11/08/2004
Decision Date:	10/10/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/06/2014

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 Family Medicine 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 is a 42-year-old female who reported an industrial injury on 11/8/2004, almost 10 years ago, attributed to the performance of her usual and customary job tasks. The patient is noted to be status post C5-C7 anterior cervical discectomy and fusion, ACDF, with facet arthropathy at C4-C5. The patient reported increased stress both personal and at work that appeared to be exacerbating her chronic pain issues. The objective findings on examination included no focal neurological deficits. The patient was noted to have had 75% pain relief with medial branch block/facet injection and as such a RFA was requested. The treatment plan included a six-month membership at the gym.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 month Gym Membership: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter; Gym Membership

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 12 Low Back Complaints Page(s): 15-16; 299-301, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines

(ODG) back chapter-PT and exercises; aerobic exercises gym memberships; neck and upper back chapter--PT; exercise; aerobic exercise

Decision rationale: There is no rationale provided that the patient cannot participate in a self-directed home exercise program for conditioning and strengthening. The patient has not been demonstrated to be participating in HEP. Aquatic therapy or a gym membership is not recommended for maintenance therapy when the patient is able to participate in land-based exercise. There is no demonstrated medical necessity for requested GYM membership x6 months over the recommended self-directed HEP. Strengthening of the neck and upper back does not require exercise machines or pool therapy and is not medically necessary as opposed to the land-based self-directed home exercise program recommended by the CA MTUS 10 years after the DOI. The request for a GYM/pool membership for the patient for his chronic neck and upper back pain was not supported with objective evidence to support medical necessity as opposed to a self-directed home exercise program for continued conditioning and strengthening. The patient has been documented to have received a substantial amount of physical therapy and conservative treatment. There is no objective evidence provided to support the medical necessity of the requested gym membership. There is no evidence provided that the patient is precluded from land-based exercises. The use of pool therapy is clearly available to the patient on an independent basis as a preferred exercise; however, there is no evidence that it is medically necessary over the recommended HEP.