

Case Number:	CM14-0086495		
Date Assigned:	07/23/2014	Date of Injury:	01/28/2002
Decision Date:	08/27/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/09/2014

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:

The injured worker is a 54 year-old man who injured his neck and low back in an work-related injury on 1/28/2002. He is being treated with a home exercise program and medications. Physical exam demonstrated tenderness to palpation along the lumbosacral paraspinal muscles, decreased low back range of motion and positive straight leg raise, FABER and Patrick's. Diagnoses: Cervical disc degeneration; Lumbar disc bulge. Request is for approval of a one year gym membership.

IMR ISSUES, DECISIONS AND RATIONALES

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

One year 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, Low Back - Lumbar & Thoracic (Acute & Chronic), For more information see Physical Therapy (PT) and Exercise.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back- Lumbar and Thoracic, (Acute and Chronic).

Decision rationale: Regarding gym membership, ODG Guidelines only allow in cases where a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. In addition, treatment needs to be monitored and administered by medical professionals. In this case, the treater has asked for six month gym membership for pool access for 12 months. There is no mention of prior land-based physical therapy. ACOEM page 309 recommends low-stress aerobic exercises. ODG guidelines under exercises for pain states, Physical therapy in warm-water has been effective and highly recommended in persons with fibromyalgia. In this RCT, an aquatic exercise program including one-hour, supervised, water-based exercise sessions, three times per week for 8 months, was found to be cost-effective in terms of both health care costs and societal costs. There was no information in the records provided as to why a gym membership was requested and how the injured worker has done on home exercises. There is no information provided to justify the need for a gym membership. Recommendation is that the request is not medically necessary.