

Case Number:	CM14-0098993		
Date Assigned:	07/28/2014	Date of Injury:	12/14/2008
Decision Date:	08/29/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	06/27/2014

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, has a subspecialty in Pain Management 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 female patient with a date of injury of 12/4/08. A utilization review determination dated 6/24/14 recommended non certification of requested gym membership to a facility with a pool for independent pool based exercise due to lack of documentation that a home based exercise program with periodic review and revision had not been effective, there is need for equipment, and there is need for reduced weight bearing. The most recent progress report dated 6/6/14 shows subjective complaints of constant worsening low back pain and perisitent pain, hypersensitivity and weakness of the left ankle and leg. Objective findings show the patient ambulating with a limp to the left lower extremity, atrophy of the left leg, hypersensitivity and dryness of the skin to this leg. 2+ paralumbar spasm with positive lumbosacral facet loading maneuvers were noted. Diagnoses state left ankle sprain partial tear/scarring to tibiofibular ligament, axial low back pain with possible radiculitis, status post left ankle arthrodesis and tibiotalar joint arthrodesis for avascular necrosis and CRPS. Treatment plan goes on to state that a lumbar sympathetic block was recommended at that time as well as continuing a home exercise program, self care and weight loss. The treatment plan goes on to state that the patient needs to lose weight but is limited by her left ankle and low back as she has significant difficulty tolerating weight-bearing exercise without flaring up. She would benefit from a pool-based exercise program. The treatment plan goes on to recommend a 6 month membership to a facility that has a pool for independent pool-based exercises. An appeal letter dated April 21, 2014 indicates that the patient would benefit from rehabilitative modalities to work on improving her mobility, strength, and range of motion. In the absence of organized physical therapy, this can at least be done somewhat effectively through self-directed exercise mechanisms. As such, it is appropriate for her to have a gym membership to work on self-directed rehabilitative modalities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Membership to a Facility with Pool for Independent Pool Based Exercises for 6 months:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340, Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 46-47 of 127 Page(s): 46-47 OF 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Gym Memberships, Knee & Leg Chapter, Aquatic Therapy.

Decision rationale: Regarding request for gym membership, Chronic Pain Medical Treatment Guidelines state that exercise is recommended. They go on to state that there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. ODG states the gym memberships are not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals. With unsupervised programs there is no information flow back to the provider, so he or she can make changes in the prescription, and there may be a risk of further injury to the patient. Regarding the request for pool exercise, Chronic Pain Treatment Guidelines state that aquatic therapy is recommended as an optional form of exercise therapy where available as an alternative to land-based physical therapy. They go on to state that it is specifically recommended whenever reduced weight bearing is desirable, for example extreme obesity. Guidelines go on to state that for the recommendation on the number of supervised visits, see physical therapy guidelines. Within the documentation available for review, it is acknowledged, that the requesting physician has indicated that the patient needs reduced weight bearing for weight loss. However, there is no statement indicating that the patient has tried and failed dietary modification for weight loss. Additionally, there is no indication that the patient has been trained on the use of gym equipment, or that the physician is overseeing the gym exercise program. In the absence of such documentation, the currently requested gym membership is not medically necessary.