

Case Number:	CM14-0180606		
Date Assigned:	11/05/2014	Date of Injury:	10/14/2005
Decision Date:	01/13/2015	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	10/30/2014

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 Orthopedic Spine Surgery 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 48-year-old male who reported an injury on 10/14/2005. The mechanism of injury was not provided. His diagnoses were noted to include lumbar sprain, displacement of thoracic or lumbar intervertebral discs without myelopathy, sciatica, thoracic or lumbosacral neuritis or radiculitis neuritis or radiculitis, neck sprain, headache, and other tenosynovitis of hand and wrist. Past treatments were noted to include medications, physical therapy, and 5 sessions of aquatic therapy. On 09/29/2014, it was noted the injured worker had low back pain which he rated 8/10 to 9/10 causing numbness, tingling, and weakness into the right lower extremity. It was indicated that the injured worker would have to lose 50 pounds before proceeding with a surgery. Upon physical examination, it was noted the injured worker's range of motion to his lumbar spine measured flexion 40 degrees, extension was 6 degrees, right and left bending measured 10 degrees; and his cervical spine range of motion measured flexion 45 degrees, extension was 50 degrees, right rotation was 68 degrees, left rotation measured 65 degrees, right bending measured 38 degrees, and left bending measured 40 degrees. His medications were noted to include Norco 10 mg and Anaprox. The treatment plan was noted to include medications and a gym membership. A request was received for associated surgical service: gym membership with pool access for the lumbar and cervical spine to aid injured worker to lose weight and gain strength prior to surgery. The Request for Authorization was signed on 09/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Gym membership with pool access for the lumbar and cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301, Chronic Pain Treatment Guidelines Page(s): 46-47, 58. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014, Low Back, Lumbar Supports: Gym Memberships

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Gym memberships

Decision rationale: The request for associated surgical service: gym membership with pool access for the lumbar and cervical spine is not medically necessary. According to the California MTUS Guidelines, aquatic therapy is recommended as an alternative to land based physical therapy when it is specifically recommended that the injured worker have reduced weight bearing status such as obesity. It was noted in the clinical documentation submitted for review that this injured worker had "extreme obesity." It was also indicated that he had participated in 5 sessions of aquatic therapy; however, the quantitative objective findings were not documented to determine its efficacy. As the guidelines do not address gym memberships, the Official Disability Guidelines were utilized to determine the medical necessity of this request. The Official Disability Guidelines state that gym memberships are not recommended as a medical prescription unless there is documentation noting a home exercise program has not been effective and there is a need for equipment. The guidelines also state that this type of treatment used to be limited and administered by medical professionals. In the absence of documentation noting the ineffectiveness of a home exercise program, the need for equipment, and that this treatment should be monitored and administered by medical professionals, the request is not supported by the evidence based guidelines. As such, the request for associated surgical service: gym membership with pool access for the lumbar and cervical spine is not medically necessary.