

Case Number:	CM14-0191773		
Date Assigned:	11/25/2014	Date of Injury:	11/18/2009
Decision Date:	09/21/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/17/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 49-year-old who has filed a claim for chronic low back and knee pain reportedly associated with an industrial injury of November 18, 2009. In a Utilization Review report dated November 4, 2014, the claims administrator failed to approve a request for a three-month trial of a gym membership. The claims administrator referenced an October 23, 2014 progress note in its determination. The applicant's attorney subsequently appealed. In an October 30, 2014 RFA form, acupuncture, gym membership, Percocet, tramadol, tizanidine, and a urine drug screen were endorsed. In an associated October 23, 2014 progress note, the applicant reported ongoing complaints of back and knee pain. The attending provider sought authorization for eight sessions of acupuncture and a three-month gym membership, it was stated in that the gym membership could help the applicant perform self-guided physical therapy and/or water therapy. The applicant on Percocet, Celebrex, tramadol, Zanaflex, Reglan, and Klonopin, it was reported, several of which were refilled. Permanent work restrictions were endorsed. The attending provider acknowledged that the applicant was not working and was receiving both Social Security Disability Insurance (SSDI) benefit and Workers' Compensation indemnity benefits. The applicant exhibited full lumbar range of motion. The applicant's gait was not clearly described or characterized. On August 28, 2014, the attending provider again refilled and/or continued various medications, including tramadol, Zanaflex, Reglan, Klonopin, and Celebrex. The applicant was not working with permanent restrictions in place, the treating provider acknowledged. Once again, the applicant's gait was not clearly described or characterized.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership; 3 month trial: 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).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83, Chronic Pain Treatment Guidelines Physical Medicine; Aquatic therapy Page(s): 98; 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Problems, Gym memberships.

Decision rationale: No, the request for a three-month trial gym membership was not medically necessary, medically appropriate, or indicated here. As noted on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants should be instructed in and are expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. In a similar vein, the MTUS Guideline in ACOEM Chapter 5, page 83 also stipulates that, to achieve functional recovery, that applicants must assume certain responsibilities, one of which includes adhering to and maintaining exercise regimens. The gym membership issue, thus, per both page 98 of the MTUS Chronic Pain Medical Treatment Guidelines and page 83 of the ACOEM Practice Guidelines, represents an article of applicant responsibility as opposed to an article of payer responsibility. ODG's Low Back Chapter Gym Memberships topic also notes that gym memberships are not recommended as a medical prescription unless a documented home exercise program has proven ineffectual and there is a need for specialized equipment. Here, the attending provider did not explicitly state that a home exercise program had proven ineffectual, nor did the attending provider establish a clear or compelling case for specialized equipment. While the attending provider suggested that the gym membership was intended to furnish the applicant with access to a pool, it did not appear that the applicant was necessarily a candidate for water therapy and/or water-based exercises, per criteria for aquatic therapy set forth on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, which note that aquatic therapy is recommended as an optional form of exercise therapy in applicants in whom reduced weight bearing is desirable. Here, the applicant's gait was not clearly described or characterized on office visits of October 23, 2014 or July 3, 2014. It was not specifically established that reduced weight bearing and/or pool access were desirable or preferable here. Therefore, the request was not medically necessary.