

Case Number:	CM14-0194776		
Date Assigned:	12/02/2014	Date of Injury:	09/04/1999
Decision Date:	01/14/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/20/2014

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 & 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:

According to the records made available for review, this is a 52-year-old male with a 9/4/99 date of injury, and status post L5-S1 fusion. At the time (10/28/14) of request for authorization for Gym membership times one year for back with access to pool, there is documentation of subjective (low back and left lower extremity radicular pain) and objective (slowed and severe antalgic gait, decreased motor function and absent patellar and achilles reflexes in the right lower extremity, tenderness over the left lower lumbar paraspinal muscles, forward flexed posture) findings, current diagnoses (opioid type dependence unspecified, lumbar herniated disc, cervical degenerative disc disease, lumbar post laminectomy syndrome, lumbago, unspecified disorder of coccyx, and other disorders of coccyx), and treatment to date (medications, home exercise program, physical therapy, functional restoration program and epidural steroid injections). 10/3/14 medical report identifies that the patient has left lower extremity radiculopathic pain combined with weakness to the right lower extremity from childhood polio, and it is extremely challenging for the patient to exercise in a meaningful fashion on land, reason why access to a pool is medically indicated in order for the patient to be able to more effectively maintain strength and endurance through regular exercise. In addition, 10/3/14, medical report identifies that the patient has education regarding a home exercise program from his past participation in physical therapy as well as a functional restoration program and can appropriately direct himself in an independent gym environment and remains motivated to do so. There is no documentation that a home exercise program with periodic assessment and revision has not been effective and that treatment is monitored and administered by medical professionals.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership times one year for back with access to pool: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Gym Membership

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. ODG identifies documentation that a home exercise program with periodic assessment and revision has not been effective, there is a need for equipment, and that treatment is monitored and administered by medical professionals, as criteria necessary to support the medical necessity of gym membership. Within the medical information available for review, there is documentation of diagnoses of opioid type dependence unspecified, lumbar herniated disc, cervical degenerative disc disease, lumbar post laminectomy syndrome, lumbago, unspecified disorder of coccyx, and other disorders of coccyx. In addition, there is documentation that there is a need for equipment. However, given documentation that the patient has education regarding a home exercise program from his past participation in physical therapy as well as a functional restoration program and can appropriately direct himself in an independent gym environment, there is no documentation that a home exercise program with periodic assessment and revision has not been effective. In addition, there is no documentation that treatment is monitored and administered by medical professionals. Therefore, based on guidelines and a review of the evidence, the request for Gym membership times one year for back with access to pool is not medically necessary.