

Case Number:	CM14-0198341		
Date Assigned:	12/08/2014	Date of Injury:	09/09/2010
Decision Date:	01/22/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/25/2014

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 Rehab, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 58 year old female with a work injury dated 9/9/10. The diagnoses include psychomotor disturbance, dysthymic disorder, contracture of joint, pain in joint, chronic pain, and chronic pain syndrome. Under consideration are requests for 1 Year Renewal of Gym/Pool Membership. There is an 11/24/14 progress note that states that she developed progressive worsening pain in the shoulders and hips beginning in 2006 and sought care through a private insurance. Her pain became progressively worse, and she was referred for further diagnostic testing including x-rays of the hips, shoulders, lumbar spine; and cervical spine. She has multiple pain complaints and has undergone multiple orthopedic surgeries. She was referred to an orthopedic surgeon for further evaluation. She underwent surgical treatments for both shoulders and hips. A right total hip replacement was performed on 12/21/2009, and a left total hip replacement on 12/27/2010. A right total shoulder replacement was performed on 10/16/2009, and a total left shoulder replacement on 05/21/2009. She has undergone extensive postoperative PT. She had developed pain in both knees, worse on the left than the right. She underwent left knee arthroscopic surgery on 09/28/2010. This was a left knee arthroscopic debridement and drilling of a defect of the lateral femoral condyle. She also underwent Synvisc injections. She has deferred knee surgery. Currently, the patient continues to complain of the neck, bilateral shoulder, bilateral hand, bilateral hip, bilateral knee and bilateral foot pain. She had a bilateral cervical facet radiofrequency ablation on 8/5/14 and did report greater than 60% decrease in neck pain following the procedure. She states that the increased pain and stiffness in the neck that she reported in Oct of 2014 improved after 3 weeks. She states that when her neck is inflamed, she will have significant tightness in her neck and has difficulty with turning her head from side to side. She did recently have a breast reduction surgery on 11/3/14 and she notes that she has noticed less pressure and load on her neck and upper back so far. She continues with stretching

exercises to help keep her neck flexible; but continues to have pain. On musculoskeletal exam there is mild to moderate tenderness is noted in the posterior aspect of the right Achilles with moderate thickening at the insertion. There is no defect appreciated. Trace edema is noted. Moderate tenderness persists to the lateral gutter of the right ankle with 1 +edema. Mild to moderate tenderness is noted to the plantar medial aspect of both feet in the area of the origin of the plantar fascia, extending into the medial arch. She has been going three days a week for the past year. She states that the exercises help her to keep her medication use to a minimum. She is able to reduce her Ibuprofen intake by 400-600 mg per day. She is sleeping better at night because she is active and she also reports having improved mobility in her joints and neck/back because of the water exercises. She notes that the pool also helps with her knee joints because it decreases the load on the knees and feet and she is able to get good exercise without stressing these joints. She states that she can only walk/exercise for about 30 minutes on land because of her knee pain, but in the water she can exercise for about 2-3 hours at a time. The aquatic exercises help her to be more active during her exercises because this is low impact and does not flare up her joint pain in her knees as well as her shoulders. This is also beneficial for her cardiovascular status as she cannot exercise enough on land to get her heart rate up. The patient has had improvement in activity tolerance with the pool exercises compared to the land exercises. The patient's gym membership will expire in November 2014. The appeal states also that the equipment in the health club is not available in the house and offer low impact alternatives.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Year Renewal of Gym/Pool 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 (ODG), Knee and Leg chapter

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 & Thoracic (Acute & Chronic)- Gym memberships

Decision rationale: 1 year renewal of gym/pool membership is not medically necessary per the ODG Guidelines. The MTUS does not specifically address gym memberships. The ODG does not recommend gym membership 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 risk of further injury to the patient. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment, and are therefore not covered under these guidelines. The documentation submitted does not reveal that periodic assessment and revision of a documented home exercise program has not been effective. The request for 1 Year Renewal of Gym/Pool Membership is not medically necessary.

