

Case Number:	CM14-0199427		
Date Assigned:	12/09/2014	Date of Injury:	03/18/2011
Decision Date:	01/23/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	11/28/2014

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 injured worker is a 50 year old female with a work injury dated 3/18/11. The diagnoses include right lower extremity chronic regional pain syndrome; severe fibromyalgia sleep disorder; major depressive disorder; pain disorder associated with psychological factors and a general medical condition. Under consideration are requests for gym membership to warm pool. There is a 10/22/14 progress note that states that the injured worker's condition is deteriorating without continuation of pool therapy. She remains permanently disabled. On exam she is in obvious discomfort. She uses crutches to ambulate. She rocks back and forth in pain. She has diffuse allodynia to light touch. She has severe allodynia in her feet with swelling. The discussion states that the injured worker remains completely disabled with findings of pain syndrome, fibromyalgia, and residuals of CRPS injuries in in both lower extremities. She has profound allodynia in the lower extremities with swelling. She requires custom molded orthopedic shoes. She requires accommodations for her disability including shower chair and bedside commode and wrist brace support. There is a request for a gym membership for her to exercise on a self-directed basis in a warm pool, as this has been the only effective therapy for this injured worker with some reported improvement of pain, function, and limitation. The documentation indicates that she was certified 12 additional pool therapy sessions on 10/3/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym Membership to Warm Pool: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Gym memberships, Ankle & Foot Procedure Summary

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: 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 gym membership does not indicate duration. For all of these reasons the request for gym membership to warm pool is not medically necessary.