

Case Number:	CM14-0077485		
Date Assigned:	07/18/2014	Date of Injury:	02/05/2014
Decision Date:	02/18/2015	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/28/2014

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. 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: California, Florida, Texas
 Certification(s)/Specialty: Internal 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:

According to the records made available for review, this is a 43-year-old male with a 2/5/14 date of injury. At the time (3/20/14) of request for authorization for Gym membership with pool x 1 year, there is documentation of subjective (worsening low back pain radiating to the right lower extremity) and objective (tenderness to palpation over L4-S1, inability with heel to toe walking due to low back pain, positive straight leg raise bilaterally, and decreased sensation over the L5-S1 distribution on the right) findings, current diagnoses (cervical spine strain, right shoulder calcification of the rotator cuff, right carpal tunnel syndrome, lumbar spine strain with radiculopathy into the right lower extremity, and contusion of the right rib), and treatment to date (home exercise program). There is no documentation of a condition/diagnoses where reduced weight bearing is desirable (extreme obesity, need for reduced weight bearing, or recommendation for reduced weight bearing); 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.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership with pool x 1 year: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Integrated Treatment/ Disability Duration Guidelines Low Back- Lumbar and Thoracic (Acute and Chronic) last updated 3/31/14

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 46,Chronic Pain Treatment Guidelines physical medicine; Aquatic therapy Page(s): 98; 22.

Decision rationale: Regarding pool therapy, MTUS Chronic Pain Medical Treatment Guidelines identifies that aquatic therapy is recommended where reduced weight bearing is desirable (such as extreme obesity, need for reduced weight bearing, or recommendation for reduced weight bearing), as criteria necessary to support the medical necessity of aquatic therapy. In addition, MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. Regarding a gym membership, MTUS reference to ACOEM 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 cervical spine strain, right shoulder calcification of the rotator cuff, right carpal tunnel syndrome, lumbar spine strain with radiculopathy into the right lower extremity, and contusion of the right rib. However, there is no documentation of a condition/diagnoses where reduced weight bearing is desirable (extreme obesity, need for reduced weight bearing, or recommendation for reduced weight bearing). In addition, despite documentation that patient is currently in a home exercise program, there is no (clear) documentation that a home exercise program with periodic assessment and revision has not been effective. Furthermore, there is no documentation of a need for equipment and that treatment is monitored and administered by medical professionals. Lastly, the proposed duration of the requested Gym membership with pool x 1 year exceeds guidelines. Therefore, based on guidelines and a review of the evidence, the request for Gym membership with pool x 1 year is not medically necessary.