

Case Number:	CM15-0104576		
Date Assigned:	06/08/2015	Date of Injury:	03/27/2012
Decision Date:	07/14/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	06/01/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 42 year old female, who sustained an industrial injury on March 27, 2012. Treatment to date has included medications, MRI of the lumbar spine, EMG/NCV of the bilateral lower extremities, and imaging of the right knee, work modifications, functional capacity evaluation, home exercise program, heat therapy and massage. Currently, the injured worker complains of neck, low back, and bilateral shoulder pain. She rates her pain a 4 on a 10-point scale and notes that the pain is intermittent and may increase to a 9 on a 10-point scale. Weather exacerbates her pain and she reports that medications help her pain. Her quality of sleep is poor. On physical examination the injured worker has tenderness to palpation of the lumbar spine and she has reduced range of motion. The diagnoses associated with the request include obesity, musculoligamentous sprain/strain of the lumbar spine, lumbar spine disc bulging and radiculopathy, chronic pain, internal derangement of the knee, and lumbar facet arthropathy. The treatment plan includes Lidocream, Cymbalta, Gym Membership and Nutritionist consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership x 6 months: 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), Low Back, Gym Memberships.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise, Pages 46-47.

Decision rationale: It can be expected that the patient had been instructed in an independent home exercise program to supplement the formal physical therapy the patient had received and to continue with strengthening post discharge from PT. Although the MTUS Guidelines stress the importance of a home exercise program and recommend daily exercises, there is no evidence to support the medical necessity for access to the equipment available with a gym/pool membership versus resistive thera-bands to perform isometrics and eccentric exercises. It is recommended that the patient continue with the independent home exercise program as prescribed in physical therapy. The accumulated wisdom of the peer-reviewed, evidence-based literature is that musculoskeletal complaints are best managed with the eventual transfer to an independent home exercise program. Most pieces of gym equipment are open chain, i.e., the feet are not on the ground when the exercises are being performed. As such, training is not functional and important concomitant components, such as balance, recruitment of postural muscles, and coordination of muscular action, are missed. Again, this is adequately addressed with a home exercise program. Core stabilization training is best addressed with floor or standing exercises that make functional demands on the body, using body weight. These cannot be reproduced with machine exercise units. There is no peer-reviewed, literature-based evidence that a gym membership or personal trainer is indicated nor is it superior to what can be conducted with a home exercise program. There is, in fact, considerable evidence-based literature that the less dependent an individual is on external services, supplies, appliances, or equipment, the more likely they are to develop an internal locus of control and self-efficacy mechanisms resulting in more appropriate knowledge, attitudes, beliefs, and behaviors. The Gym membership x 6 months is not medically necessary and appropriate.

Nutritionist consult: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, chapter 7; Independent Consultations, pg 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Head, Nutrition, page 214.

Decision rationale: Medical nutrition therapy provided by a registered dietitian involves the assessment of the person's overall nutritional status followed by the assignment of individualized diet, counseling, and/or specialized nutrition therapies to treat a chronic illness or condition. Medical nutrition therapy has been integrated into the treatment guidelines for a number of chronic diseases, including cardiovascular disease, diabetes mellitus, hypertension, kidney disease, gastrointestinal disorders, seizures (i.e., ketogenic diet), and other internal conditions and diseased states, none identified here. Registered dietitians, working in a coordinated,

multidisciplinary team effort with the primary care physician, take into account a person's food intake, physical activity, course of any medical therapy including medications and other treatments, individual preferences, and other factors. MTUS has no specific recommendations for nutrition consult, but states an occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex; however, that has not been shown here for this chronic injury without demonstrated ADL deterioration, red-flag conditions, new injury, or progressive neurological deficits. ODG does recommend nutritional support for head injuries, not seen here. The Nutritionist consult is not medically necessary and appropriate.