

Case Number:	CM15-0109704		
Date Assigned:	06/16/2015	Date of Injury:	03/26/2009
Decision Date:	07/17/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/08/2015

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 51 year old female injured worker suffered an industrial injury on 03/26/2009. The diagnoses included cervical hybrid reconstruction, lumbar discopathy/segmental instability, right knee arthroscopy x2, bilateral knee internal derangement and bilateral carpal tunnel release. The injured worker had been treated with medication. On 4/10/2015 the treating provider reported constant pain in the cervical spine with symptomatic hardware with radiations to the upper extremities with associated headaches rated 8/10. There was constant pain in the low back with radiations to the lower extremities rated 8/10. There was frequent pain in the bilateral knee with swelling and buckling rated 6/10. The cervical spine was tender with limited range of motion due to pain along with spasms. The lumbar spine had tenderness with muscle spasms along with restricted range of motion that was guarded. There was tingling and numbness in the lower extremities. The knees had tenderness with painful range of motion along with crepitus. The treatment plan included One Year Gym Membership.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Year Gym Membership: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low back chapter, Gym Memberships.

Decision rationale: The patient presents with chronic neck, low back and knee pain. The current request is for One Year Gym Membership. The RFA is dated 05/04/15. Treatment history included physical therapy, cervical reconstruction 2011, 2x knee surgery (date of surgeries not indicated), CTR 2012, and medications. The patient is "permanently partially disabled." ODG guidelines, Low back chapter under Gym Memberships state: "Not recommended 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. While an individual exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment, may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision. 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." According to progress report 4/10/2015, the patient complained of pain in the cervical spine with symptomatic hardware with radiations to the upper extremities with associated headaches rated 8/10. The cervical spine was tender with limited range of motion due to pain along with spasms. There was tenderness in the lumbar spine with muscle spasms, restricted range of motion, and guarding. Tingling and numbness in the lower extremities was noted. Examination of the bilateral knee revealed tenderness with painful range of motion, crepitus and some swelling. No instability and strength was noted as normal. The treater recommended a one-year gym membership, but has not provided a rationale for the request. In this case, such unsupervised memberships are not considered an appropriate medical intervention. ODG does not support gym memberships as a medical treatment as there is no professional medical oversight to establish goals and monitor progression. Furthermore, there is no discussion as to why the patient would not be able to participate in a home based exercise program. Therefore, the request IS NOT medically necessary.