

Case Number:	CM15-0137861		
Date Assigned:	07/27/2015	Date of Injury:	10/24/1996
Decision Date:	08/27/2015	UR Denial Date:	07/10/2015
Priority:	Standard	Application Received:	07/16/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive 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:

The applicant is a represented 53-year-old who has filed a claim for chronic neck, elbow, and low back pain reportedly associated with an industrial injury of October 24, 1996. In a Utilization Review report dated July 10, 2015, the claims administrator failed to approve a request for a gym membership with associated pool access. The claims administrator referenced a progress note and associated RFA form of June 17, 2015 in its determination. The applicant's attorney subsequently appealed. On May 8, 2015, the applicant reported ongoing complaints of low back pain, exacerbated by bending, pushing, and pulling. Ancillary complaints of elbow pain were reported. The applicant was not working, it was acknowledged. The applicant was on Ultram, Lyrica, Voltaren, and Lunesta, it was reported. On June 15, 2015, the applicant's rheumatologist suggested the applicant to remain off of work, on total temporary disability, owing to generalized body pain. Gabapentin, topical compounds, and acupuncture were sought. In an RFA form dated June 17, 2015, home care assistance, a gym membership with associated pool access, Voltaren, Lunesta, and Cialis were all sought. In an associated progress note of the same date, June 17, 2015, the applicant reported 7-8/10 mid back, low back and ankle pain with derivative complaints of psychological disturbance. Multiple medications were renewed. The applicant had had 18 acupuncture treatments recorded, it was reported. The applicant's gait was not clearly described or characterized. In a supplemental report dated July 5, 2015, the attending provider sought authorization for home health services such as yard work, shopping, laundry, making the bed, etc.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 year Gym Membership with pool access: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83, Chronic Pain Treatment Guidelines Physical Medicine; Aquatic therapy Page(s): 98; 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Gym memberships, Low Back Problems.

Decision rationale: No, the request for a one-year gym membership with associated pool access was not medically necessary, medically appropriate, or indicated here. As noted on page 98 of the MTUS Chronic Medical Treatment Guidelines, applicants should be instructed and are expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Page 83 of the ACOEM Practice Guidelines also notes that, to achieve functional recovery, applicants must assume certain responsibilities, one of which includes adhering to and maintaining exercise regimens. Thus, both page 98 of the MTUS Chronic Pain Medical Treatment Guidelines and page 83 of the ACOEM Practice Guidelines take the position that gym membership and the like are articles of applicant responsibility as opposed to articles of payer responsibility. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that aquatic therapy is recommended as an optional form of exercise therapy in applicants in whom reduced weight bearing is desirable, here, however, the applicant's gait was not clearly described or characterized on the June 17, 2015 office visit at issue. The applicant was described as having normal neurologic exam on an earlier office visit of June 15, 2015. It did not appear, thus, that reduced weight bearing was necessarily desirable here. The normal neurologic function reported on June 15, 2015, thus, calls into question the need for the aquatic therapy/pool access component of the request. Finally, ODG's Low Back Chapter Gym Memberships Topic notes that gym memberships are not recommended as a medical prescription unless the documented home exercise program has proven ineffective and there is a need for specialized equipment. Here, as noted above, the attending provider did not set forth a clear or compelling case for the pool access component of the request. Therefore, the request was not medically necessary.