

Case Number:	CM15-0167688		
Date Assigned:	09/08/2015	Date of Injury:	07/31/2003
Decision Date:	10/07/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/26/2015

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, California

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 44 year old male patient who sustained an industrial injury to the right toe on 7-31-03. He later developed right knee, right wrist and low back pain. On 9-21-11, he suffered blunt head trauma after a fall with subsequent cervical spine sprain and strain. The diagnoses include status post right ankle surgery, chondromalacia of the patella, carpal tunnel syndrome, status post right shoulder arthroscopy, status post left shoulder arthroscopy, cervical spine sprain and strain and lumbar spine sprain and strain with lower extremity radiculitis. Per the PR-2 dated 7-8-15, he stated four recent sessions of physical therapy for the lumbar spine had helped to decrease radicular symptoms, spasms and medication usage. The injured worker stated that his neck had improved. Physical exam revealed cervical spine with tenderness to palpation over the paraspinal musculature and trapezius muscles with positive compression test and decreased range of motion; lumbar spine with tenderness to palpation over the paraspinal musculature and right sacroiliac joint with positive left straight leg raise and decreased range of motion. The medications list includes Norco. He has had Magnetic resonance imaging left shoulder on 1-15-15 which revealed periscapular myofascial strain; Magnetic resonance imaging lumbar spine in 2004 which revealed disc protrusion at L5-S1. He has undergone right ankle surgery times two, right knee arthroscopy in 2005, carpal tunnel release in 2008, right shoulder arthroscopy in 2011 and left shoulder arthroscopy in 2010. He has had physical therapy visits for this injury. The treatment plan consisted of continuing Norco and a six-month gym membership with pool access.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) month 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 (ODG), Low Back - Lumbar and Thoracic (Acute and Chronic): Gym memberships.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Low Back (updated 09/22/15) Gym memberships.

Decision rationale: Six (6) month gym membership with pool access. Per the cited guidelines gym membership is "Not recommended as a medical prescription unless a home exercise program 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." A contraindication to a simple home exercise program without specialized equipment is not specified in the records provided. Response to prior conservative therapy is not specified in the records provided. In addition per the cited guidelines "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." Per the cited guidelines aquatic/pool therapy is "Recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity." Any contraindication to land-based physical therapy is not specified in the records provided. The medical necessity for Six (6) month gym membership with pool access is not medically necessary at this time.