

Case Number:	CM15-0192388		
Date Assigned:	10/06/2015	Date of Injury:	08/11/2009
Decision Date:	11/19/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	09/30/2015

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: 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:

The injured worker is a 58 year old, male who sustained a work related injury on 8-11-09. A review of the medical records shows he is being treated for left knee, upper and lower back pain. Treatments have included chiropractor-work conditioning sessions in 2012 and trigger point injections which he reports "getting more than 50% improvement in his back pain and improved his mobility for more than 6 weeks at time", aids in the reduction of pain and has been "getting greater than 70-80% improvement in both his overall pain and allows him to perform activities of daily living with less discomfort." Current medications include Norco, Prilosec and Prozac. In the progress notes, the injured worker reports pain in his left knee, upper and lower back. He rates his pain level a 6-7 out of 10 without medications. He has intermittent pain and numbness in both legs. In the objective findings dated 7-28-15, he slightly to moderately restricted in lumbar range of motion in all planes. He has multiple myofascial trigger points and taut bands throughout the thoracic and lumbar paravertebral muscles. He has moderately decreased range of motion with left knee. Trigger point injections to thoracic and lumbar muscles were given at this visit. Working status is not noted. The treatment plan includes requests for medication refills, for a urine drug test and for a gym membership with pool. In the Utilization Review dated 9-25-15, the requested treatment of a 3 month gym membership with a pool is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Three month gym membership with pool: 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 & Thoracic (Acute & 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) Low Back Chapter/gym memberships.

Decision rationale: Per ODG, gym memberships are 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. As noted in ODG, 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. The MTUS guidelines recommend aquatic therapy 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. Gym membership is not supported and in addition, the medical records do not establish that the injured worker is unable to perform an independent land based home exercise program. The request for Three month gym membership with pool is not medically necessary and appropriate.