

Case Number:	CM15-0196683		
Date Assigned:	10/12/2015	Date of Injury:	01/11/2007
Decision Date:	11/18/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/06/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 injured worker is a 66 year old male, who sustained an industrial injury on 1-11-2007. The injured worker was being treated for chronic low back pain, status post lumbar laminectomy and discectomy, left L4-S1 radiculopathy, right sacroiliac joint sprain-strain, lumbar facet syndrome, and possible left foot plantar fasciitis. Treatment to date has included diagnostics, lumbar spinal surgery in 2007, physical therapy, and medications. Currently (9-10-2015), the injured worker complains of low back and leg pain, not rated, and reported that his left leg felt weaker since he had not been swimming. He reported cramping of his left foot, not having access to a pool, and being able to walk "easier" when he did water exercise. Exam noted muscle strength of the lower extremities 5 of 5, except 3 of 5 in left first toe dorsiflexion (unchanged since initial exam 3-14-2015). The treating physician documented instruction by physical therapy in pool exercise. Medication use included Advil or Aleve. Work status was noted permanent and stationary in previous progress report 4-10-2014. Agreed Medical Re-Examination (2-15-2014) noted a recommendation for a membership in a gym or health club facility, with appropriate aquatic therapy facilities, should be provided for up to 12 months on an industrial basis. The treatment plan included a gym membership (pool exercise) for 1 year, non-certified by Utilization Review on 10-05-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym Membership (Pool Exercise) - 1 Year: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Online Version, Pain Chapter, Exercise; Low Back, Gym Memberships.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Gym membership.

Decision rationale: Pursuant to the Official Disability Guidelines, gym membership (pool exercises) for one year is not medically necessary. Gym memberships are not recommended as a medical prescription unless a documented home exercise program 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 area 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. In this case, the injured worker's working diagnoses are chronic low back pain; status post lumbar laminectomy and discectomy; left L4 - S1 radiculopathy; and right SI joint sprain strain. The date of injury is January 11, 2007. Request for authorization is September 28, 2015. According to a September 10, 2015 progress note, the injured worker has ongoing low back pain and leg pain. Injured worker after swimming has improvement. Objectively, motor function is 5/5 with 3/5 limited to the left first toe dorsiflexion (unchanged since March 2015). Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment and are therefore not covered under these guidelines. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines and guideline non-recommendations for gym membership, gym membership (pool exercises) for one year is not medically necessary.