

Case Number:	CM15-0197478		
Date Assigned:	10/12/2015	Date of Injury:	06/15/2000
Decision Date:	11/30/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/07/2015

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 [REDACTED] employee who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of June 15, 2000. In a Utilization Review report dated October 7, 2015, the claims administrator failed to approve a request for a gym membership with pool access x3 months. The claims administrator referenced an August 29, 2015 RFA form in its determination. The applicant's attorney subsequently appealed. On August 29, 2015, the applicant reported constant, intractable upper and lower back pain with derivative complaints of depression and sleep disturbance. The applicant was using a walker to move about, it was reported in one section of the note. Diminished motor function was noted. The applicant was given prescription for Duragesic, Wellbutrin, Valium, Dilaudid, Neurontin, and Topamax. The applicant was off of work and receiving Social Security Disability Insurance (SSDI) benefits, it was reported. A gym membership to include swimming pool access was sought. The applicant had undergone multiple prior lumbar spine surgeries, the treating provider reported. On August 14, 2015, the treating provider suggested that the applicant was unable to ambulate without a walker owing to heightened pain complaints. The applicant was tearful secondary to his pain complaints, it was reported. Morphine, Valium, Desyrel, and Subsys were endorsed. The applicant was receiving Social Security Disability Insurance (SSDI) benefits, it was reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership with pool for three months: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy, Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Problems, Gym memberships.

Decision rationale: Yes, the request for a gym membership with pool access for 3 months is medically necessary, medically appropriate, and indicated here. As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, aquatic therapy, i.e., the modality at issue, is recommended as an optional form of exercise therapy in applicants in whom reduced weight bearing is desirable. Here, the attending provider reported on August 14, 2015 and August 29, 2015 that the applicant had severe pain complaints and was only able to ambulate with the aid of a walker. The treating provider effectively contended that the applicant had proven incapable of performing home exercise programs of his own accord. Page 98 of the MTUS Chronic Pain Medical Treatment Guidelines acknowledges that home exercise can include "functional activities with assistive devices." Here, the pool access component of the request effectively represented a request for an assistive device needed to facilitate performance of home exercises. The treating provider seemingly contended on the dates in question that the applicant was unable to and/or had attempted and unsuccessfully performed home exercises of his own accord. While ODG's Low Back Chapter Gym Memberships topic notes that gym memberships are not recommended unless a documented home exercise program had proven ineffectual and there is a need for specialized equipment, here, the attending provider's August 29, 2015 and August 14, 2015 office visits effectively established a need for the pool access component of the request as it did not appear likely that the applicant would be capable of performing exercises independently. Therefore, the request for a 3-month gym membership with pool access is medically necessary.