

Case Number:	CM15-0199418		
Date Assigned:	10/14/2015	Date of Injury:	04/26/2011
Decision Date:	12/01/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/09/2015

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, North Carolina
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 54 year old female who sustained an industrial injury April 26, 2011. According to a primary treating physician's progress report dated September 9, 2015, the injured worker presented for follow-up with continued low back pain. She has noticed worsening of pain since she is no longer performing aquatic exercises. She has been through physical therapy, acupuncture, and chiropractic treatment and according to the treating physician; is not inclined to have injections or surgery. She has gone back to work at the jail and the required Sam Browne belt has increased her pain. Objective findings included; low back tender; can forward flex just to her upper calf; negative straight leg raise bilaterally; no groin pain with hip range of motion on the right side; Diagnoses are lumbosacral strain, arthrosis; doubt significant intrinsic right hip pathology. Treatment plan included discussion of medication, taking Naprosyn, refill of Ultracet, taken as needed, and to continue her home exercise program. At issue, is a request for authorization for pool-gym membership for the lumbar spine for 12 months. According to utilization review dated September 18, 2015, the request for Ultracet (Tramadol-APAP) 37.5-325mg Quantity: 60 is certified. The request for Pool-gym membership for lumbar spine (months) Quantity: 12 are non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pool/gym membership for the lumbar spine for 12 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy, Exercise, Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lumbar spine, Gym membership.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter (gym membership).

Decision rationale: ODG does not recommend gym memberships or memberships to swimming pools, as they are not considered medical treatment. Gym memberships are not recommended as a medical prescription unless a home exercise program has not been effective and there is a need for specialized equipment. In addition, treatment needs to be monitored and administered by a medical professional. In this case, there is no evidence that a home exercise program has been ineffective or that specialized equipment is necessary. There is a lack of documentation of exceptional factors to support non-adherence to guideline recommendations. Therefore the request is not medically necessary or appropriate.