

Case Number:	CM15-0200093		
Date Assigned:	10/15/2015	Date of Injury:	09/24/2012
Decision Date:	11/25/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/12/2015

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: 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 injured worker is a 27 year old female, who sustained an industrial-work injury on 9-24-12. A review of the medical records indicates that the injured worker is undergoing treatment for chronic myofascial pain syndrome cervical and thoracolumbar spine, lumbar radiculopathy, and recent onset of urinary incontinence rule out compression of cauda equina. Treatment to date has included pain medication Norco and Tramadol, diagnostics, work restrictions, home exercise program (HEP) and other modalities. The physician indicates that a recent Magnetic resonance imaging (MRI) of the lumbar spine reveals a disc bulge. Medical records dated 8-7 -15 and 9-8-15 indicate that the injured worker complains of upper and lower back pain with numbness in the bilateral lower extremities (BLE). She also complains of urinary incontinence. The pain is rated 5-8 out of 10 on the pain scale and decreased with medication to 2 out of 10 on pain scale. This allows her to perform activities of daily living (ADL) with less discomfort such as sitting, standing, baking, sleeping and cooking. She reports feeling severely depressed with severe problems sleeping without medications. Per the treating physician report dated 9-8-15 the work status is modified with restrictions. The physical exam dated 8-7-15 reveals slightly restricted range of motion of the cervical spine and slight top moderate restriction of the thoracic and lumbar spine. There are multiple myofascial trigger points and taut bands throughout the cervical, trapezius, thoracic, lumbar, scapulae as well as the gluteal muscles. She was unable to perform heel toe gait with the right foot and leg and sensation to fine touch and pinprick was decreased in the posterior right leg. The physician indicates that it is recommended for her to have gym membership-swimming pool exercises for general strengthening, physical conditioning and mood elevation. The request for authorization date was 8-7-15 and requested service included Gym membership with pool therapy times 3 months. The original Utilization review dated 9-30-15 non-certified the request for Gym membership with pool therapy times 3 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership with pool therapy times 3 months: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 Section.

Decision rationale: The MTUS Guidelines do not address gym memberships to provide access for self directed therapy. The ODG does not recommend gym membership 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. Treatment needs to be monitored and administered by medical professionals to monitor outcomes. With unsupervised programs there is no information flow back to the provider, so changes in the prescription can be made, 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. In this case there is no indication that the injured worker cannot continue with her home exercise program and there is no limitation that would require her to be non-weight bearing, therefore, the request for gym membership with pool therapy times 3 months is determined to not be medically necessary.