

Case Number:	CM15-0206066		
Date Assigned:	10/22/2015	Date of Injury:	08/01/2013
Decision Date:	12/04/2015	UR Denial Date:	10/19/2015
Priority:	Standard	Application Received:	10/20/2015

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: Emergency 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 54-year-old male who sustained an industrial injury 08-01-13. A review of the medical records reveals the injured worker is undergoing treatment for displacement of lumbar intervertebral disc, cervicgia, disorders of bursae and tendons in the shoulder, internal derangement of the knee, and lumbago. Medical records (09-30-15) reveal the injured worker complains of lower back spasm and bilateral shoulder stiffness, as well as bilateral lower extremity numbness and neck pains, which cause headaches. The physical exam (09-30-15) reveals limited range of motion of the cervical and lumbar spine. Tenderness is noted at the level of C5-6. Tenderness to palpation is noted on the left cervical and lumbar paraspinals and upper trapezius muscles, as well as the posterior aspect of the left shoulder. The lumbar facet-loading maneuver on the left is positive. Prior treatment includes chiropractic treatment, physical therapy, and a right shoulder injection. The original utilization review (10-19-15) non certified the request for a gym membership for 6 months and a physical trainer twice weekly for the cervical and lumbar spines. There is no indication that the injured worker cannot independently perform exercises from his previous physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership 6 months: 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 (updated 9/22/15); Knee & Leg (updated 7/10/15); Shoulder (updated 9/8/15); Neck & Upper Back (updated 6/25/15), Online Version, Gym membership.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Exercise. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Gym Memberships.

Decision rationale: The requested Gym membership 6 months is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Exercise, Pages 46-47, note that exercise is "Recommended. There is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. There is insufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen." Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic), Gym Memberships, note that gym memberships are "Not recommended as a medical prescription unless a home exercise program has not been effective and there is a need for equipment. In addition, treatment needs to be monitored and administered by medical professionals. While an individual exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision. 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 injured worker has lower back spasm and bilateral shoulder stiffness, as well as bilateral lower extremity numbness and neck pains, which cause headaches. The physical exam (09-30-15) reveals limited range of motion of the cervical and lumbar spine. Tenderness is noted at the level of C5-6. Tenderness to palpation is noted on the left cervical and lumbar paraspinals and upper trapezius muscles, as well as the posterior aspect of the left shoulder. The lumbar facet-loading maneuver on the left is positive. Prior treatment includes chiropractic treatment, physical therapy, and a right shoulder injection. The original utilization review (10-19-15) non certified the request for a gym membership for 6 months and a physical trainer twice weekly for the cervical and lumbar spines. The treating physician has not documented failed home exercise or specific equipment needs that support the medical necessity for a gym membership. The treating physician has not documented monitored attendance, nor objective evidence of derived functional benefit from completed gym usage, such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention. There is no indication that the injured worker cannot independently perform exercises from his previous physical therapy. The criteria noted above not having been met, Gym membership 6 months is not medically necessary.

Physical trainer twice weekly cervical/lumbar spine: 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 (updated 9/22/15); Knee & Leg (updated 7/10/15); Shoulder (updated 9/8/15); Neck & Upper Back (updated 6/25/15), Online Version, Gym membership.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Exercise. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Gym Memberships.

Decision rationale: The requested Physical trainer twice-weekly cervical/lumbar spine is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Exercise, Pages 46-47, note that exercise is "Recommended. There is strong evidence that exercise programs, including aerobic conditioning and strengthening, is superior to treatment programs that do not include exercise. There is insufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen." Official Disability Guidelines, Low Back Lumbar & Thoracic (Acute & Chronic), Gym Memberships, note that gym memberships are "Not recommended as a medical prescription unless a home exercise program has not been effective and there is a need for equipment. In addition, treatment needs to be monitored and administered by medical professionals. While an individual exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision. 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 injured worker has lower back spasm and bilateral shoulder stiffness, as well as bilateral lower extremity numbness and neck pains, which cause headaches. The physical exam (09-30-15) reveals limited range of motion of the cervical and lumbar spine. Tenderness is noted at the level of C5-6. Tenderness to palpation is noted on the left cervical and lumbar paraspinals and upper trapezius muscles, as well as the posterior aspect of the left shoulder. The lumbar facet-loading maneuver on the left is positive. Prior treatment includes chiropractic treatment, physical therapy, and a right shoulder injection. The original utilization review (10-19-15) non certified the request for a gym membership for 6 months and a physical trainer twice weekly for the cervical and lumbar spines. The treating physician has not documented failed home exercise or specific equipment needs that support the medical necessity for a gym membership. The treating physician has not documented monitored attendance nor objective evidence of derived functional benefit from completed gym usage, such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention. There is no indication that the injured worker cannot independently perform exercises from his previous physical therapy. The criteria noted above not having been met, Physical trainer twice-weekly cervical/lumbar spine is not medically necessary.