

Case Number:	CM15-0208254		
Date Assigned:	10/27/2015	Date of Injury:	04/30/1999
Decision Date:	12/15/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/22/2015

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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 55 year old female who sustained an industrial injury on 04-30-1999. A review of the medical records indicated that the injured worker is undergoing treatment for complex regional pain syndrome right leg, chronic pain and depression. Prior surgical interventions were not documented. Some of the medical records submitted with the review are difficult to decipher. According to the treating physician's progress report on 09-25-2015, the injured worker continues to experience paresthesias of the right leg into the foot with recent weaning off of Nucynta. The injured worker reported a "free trial of gym with pool daily greatly helped complex regional pain syndrome for those days." The injured worker reported more flexibility. Lumbar flexion and extension are 20% of the pre-flared motion. There were no other objective findings. Prior treatments have included diagnostic testing, pain management, psychotherapy and treatment and medications. Current medications were listed as Lorazepam and Ibuprofen. Treatment plan consists of for gym membership with pool for one year. On 10-01-2015 the Utilization Review determined the request for gym membership with pool for one year was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym Membership with Pool, 1 Year: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Online Version, Gym Memberships.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low back chapter, Gym membership.

Decision rationale: The records indicate the patient is dealing with ongoing right lower extremity pain which is diagnosed as complex regional pain syndrome (CRPS). The current request for consideration is gym membership with pool, 1 year. The attending physician offers no justification for requesting a gym membership with pool, 1 year. The ODG low back chapter has this to say regarding gym memberships: Not recommended 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. Plus, 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. 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 attending physician provides limited information regarding the patient's current condition. There is no justification noted to explain the need for a gym membership at this time. The records indicate the patient has been instructed in a home exercise program. The patient's symptoms have stabilized and the patient appears to be weaning off of medication. Therefore, the request for a gym membership with pool 1 year is not supported by the available records and is not medically necessary.