

Case Number:	CM15-0208748		
Date Assigned:	10/27/2015	Date of Injury:	12/11/2010
Decision Date:	12/08/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/23/2015

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: 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 38-year-old male, with a reported date of injury of 12-11-2010. The diagnoses include low back pain, lumbar spine spondylosis at the bilateral L4-5 and L5-S1 level, lumbar spine degenerative disc disease at the L4-5 and L5-S1 levels with disc protrusion, lumbosacral myofascial pain, lumbar spine sprain and strain, thoracic or lumbosacral neuritis or radiculitis, pain in thoracic spine, neck pain, status post two endoscopic right knee surgeries for meniscal tear, and right knee pain. The progress report dated 09-14-2015 indicates that the injured worker had bilateral upper back pain, with radiation to the surrounding part; bilateral lower back pain, with radiation to the surrounding part; and bilateral knee pain with radiation to the upper leg. It was noted that the injured worker experienced numbness with pain, decreased muscle mass and strength, and decreased energy levels. The objective findings include tenderness to palpation of the bilateral paraspinals at the L3-4, L4-5, and L5-S1 levels; spinal tenderness from T12 through S1; bilateral SI (sacroiliac) joint tenderness; decreased lumbar range of motion with pain; tenderness to palpation of the right medial joint line; and decreased range of motion of the right knee with pain. The injured worker has been instructed to remain off work. The diagnostic studies to date have not been included in the medical records provided. Treatments and evaluation to date have included Tramadol, Flexeril, Gabapentin, aspiration of the right knee, right knee injections, and physical therapy. The treating physician requested a gym membership for one year. On 09-30-2015, Utilization Review (UR) non-certified the request for a gym membership for one year.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership for one 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 (ODG), Low Back (updated 09/22/15) Online Version.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Exercise.

Decision rationale: The patient is permanent and Stationary having received maximal medical improvement and remains off work. It can be expected that the patient had been instructed in an independent home exercise program to supplement the formal physical therapy the patient had received and to continue with strengthening post discharge from PT. Although the MTUS Guidelines stress the importance of a home exercise program and recommend daily exercises, there is no evidence to support the medical necessity for access to the equipment available with a gym/pool membership versus resistive thera-bands to perform isometrics and eccentric exercises. It is recommended that the patient continue with the independent home exercise program as prescribed in physical therapy. The accumulated wisdom of the peer-reviewed, evidence-based literature is that musculoskeletal complaints are best managed with the eventual transfer to an independent home exercise program. Most pieces of gym equipment are open chain, i.e., the feet are not on the ground when the exercises are being performed. As such, training is not functional and important concomitant components, such as balance, recruitment of postural muscles, and coordination of muscular action, are missed. Again, this is adequately addressed with a home exercise program. Core stabilization training is best addressed with floor or standing exercises that make functional demands on the body, using body weight. These cannot be reproduced with machine exercise units. There is no peer-reviewed, literature-based evidence that a gym membership or personal trainer is indicated nor is it superior to what can be conducted with a home exercise program. There is, in fact, considerable evidence-based literature that the less dependent an individual is on external services, supplies, appliances, or equipment, the more likely they are to develop an internal locus of control and self-efficacy mechanisms resulting in more appropriate knowledge, attitudes, beliefs, and behaviors. Submitted reports have not demonstrated indication or necessity beyond guidelines criteria. The Gym membership for one year is not medically necessary and appropriate.