

Case Number:	CM15-0208981		
Date Assigned:	10/27/2015	Date of Injury:	08/29/2007
Decision Date:	12/08/2015	UR Denial Date:	10/20/2015
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, Indiana, New York
 Certification(s)/Specialty: Internal 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 71 year old female, who sustained an industrial injury on 8-29-2007. The medical records indicate that the injured worker is undergoing treatment for shoulder joint pain, wrist joint pain, hand joint pain, lower leg pain, status post left knee surgery (12-4-2014), lumbago, lumbar facet arthropathy, pain in soft tissue of limb, and reflex sympathetic dystrophy upper limb. According to the progress report dated 10-12-2015, the injured worker notes continued significant relief of her axial low back pain with bilateral L3-L5 radiofrequency ablation. Additionally, she reports that her right shoulder and right knee pain are stable. On a subjective pain scale, she rates her pain 2 out of 10. The physical examination of the lumbar spine reveals restricted and painful range of motion. There is tenderness over the bilateral L3-4 and L4-5 facets. Examination of the bilateral knees reveals decreased range of motion due to pain. The right knee is extremely tender with moderate edema over the medial aspect. The current medications are Zorvolex, Ambien, Gabapentin, and Norco. Previous diagnostic studies include electrodiagnostic testing. Treatments to date include medication management, ice, rest, heat, aqua therapy, elliptical, TENS unit, Toradol injection, Synvisc injections, and surgical intervention. Work status is not indicated. The original utilization review (10-20-2015) had non-certified a request for 12 month gym membership with aqua therapy and elliptical.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership with aqua therapy and elliptical (months) quantity requested: 12:
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) Treatment Integrated Treatment/Disability Duration Guidelines Low Back - Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Gym memberships.

Decision rationale: Pursuant to the Official Disability Guidelines, gym membership with aquatic therapy and elliptical (months) quantity requested #12 is not medically necessary. Gym memberships are not recommended as a medical prescription unless a documented home exercise program 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 area 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 injured worker's working diagnoses are shoulder joint pain; wrist and hand joint pain; lower leg pain; lumbago; lumbar facet arthropathy; pain in soft tissue limb; and RSD upper limb. Date of injury is August 29, 2007. Request for authorization is August 13, 2015. According to an August 12, 2015 progress note, the injured worker has ongoing axial low back pain. Pain is 2/10. The injured worker is status post radiofrequency ablation with relief. Additional complaints are right shoulder and knee pain. The injured worker was authorized a prior gym membership for balance and strengthening. Objectively, the injured worker has a slow gait without an assistive device. Range of motion lumbar spine is decreased and there is tenderness. Motor examination was N/A. The documentation indicates balance and strength has improved. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment and are therefore not covered under these guidelines. The injured worker should be well versed in the exercises performed at the gym to engage in a home exercise program or a gym membership of his/her own choosing. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines and guideline non-recommendations for a gym membership, gym membership with aquatic therapy and elliptical (months) quantity requested #12 is not medically necessary.