

Case Number:	CM15-0023680		
Date Assigned:	02/13/2015	Date of Injury:	04/10/1991
Decision Date:	04/09/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/09/2015

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 53-year-old female, with a reported date of injury of 04/10/1991. The diagnoses include cervical spine sprain/strain, left shoulder internal derangement with labral tear and impingement syndrome, lumbar spine sprain/strain, lumbar herniated nucleus pulposus at L4-5 and L5-S1, bilateral lower extremity radicular symptoms, degenerative spondylolisthesis at L4-5, and right knee sprain/strain. Treatments have included an electromyography of the bilateral lower extremities, a lumbar spine MRI, x-rays of the lumbosacral spine, oral medications, aqua physiotherapy, electrodiagnostic studies of the bilateral lower extremities, and topical pain medication. The progress report dated 01/14/2015 indicates that the injured worker had continued pain in her low back with radiation down both lower extremities. The injured worker also had increased pain in her left shoulder. The objective findings showed tenderness to palpation of the bilateral posterior cervical musculature, palpable and tender trigger points throughout the cervical and paraspinal muscles, decreased cervical range of motion, tenderness to palpation along the left shoulder joint line, decreased range of motion with left shoulder abduction, tenderness to palpation of the posterior lumbar musculature, palpable and tender trigger points throughout the lumbar paraspinal muscles, decreased lumbar range of motion, and mild soft tissue swelling with crepitus of the right knee with range of motion. The treating physician requested a lifetime gym membership with access to a warm pool to allow the injured worker to perform the exercise program as often as it is needed and an evaluation with a spine surgeon to evaluate the lumbar spine. On 01/26/2015, Utilization Review (UR) denied the request for a lifetime gym membership with access to a warm pool and an evaluation with a

spine surgeon. The treating physician noted that there was no documentation that the exercise and pool therapy at the gym would be supervised, monitored and administered by a trained medical professional; and there was no documentation of progressive neurologic deficits or red flags. The non-MTUS Official Disability Guidelines and the ACOEM Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lifetime gym membership with access to warm pool: 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, Gym memberships; Knee & Leg, Gym memberships.

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

Decision rationale: The 53-year-old patient complains of ongoing pain in the lower back that radiates down to bilateral lower extremities, as per progress report dated 01/14/15. The request is for LIFETIME GYM MEMBERSHIP WITH ACCESS TO WARM POOL. There is no RFA for this request, and the patient's date of injury is 04/10/91. Diagnoses, as per progress report dated 01/14/15, included cervical sprain/strain syndrome, left shoulder internal derangement with labral tear and impingement syndrome, lumbar spine sprain/strain syndrome, bilateral lower extremity radicular symptoms, right knee sprain/strain, medication-induced gastritis, and reactionary depression and anxiety. Medications included Oxycontin, Percocet, Neurontin, Prilosec, Heat wraps, Adderall, Actiq, Lyrica and Xanax. The patient's status has been determined as permanent and stationary. MTUS and ACOEM guidelines are silent regarding gym membership. The ODG guidelines state that gym memberships are "Not recommended as a medical prescription unless monitored and administered by medical professionals. While a home 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." In progress report dated 01/14/15, the treater is requesting for lifetime gym membership with access to warm pool instead of "expensive" physical therapy as it will help the patient "to perform the exercise program as often as it is needed." The treater also states that a gym will provide the structured environment which the patient will not have at home, "the patient will have access to self-directed prescribed exercise programs that does not need to be monitored by a healthcare professional." However, guidelines do not support open-ended requests such as lifetime memberships. Additionally, the patient is already practicing home-based physiotherapy, as per the same report. It is not clear why the patient cannot continue the same. There is no documentation of specific objective and subjective outcomes with regards to gym membership. Hence, this request IS NOT medically necessary.

Evaluation with spine surgeon: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch: 7 page 127.

Decision rationale: The 53-year-old patient complains of ongoing pain in the lower back that radiates down to bilateral lower extremities, as per progress report dated 01/14/15. The request is for EVALUATION WITH SPINE SURGEON. There is no RFA for this request, and the patient's date of injury is 04/10/91. Diagnoses, as per progress report dated 01/14/15, included cervical sprain/strain syndrome, left shoulder internal derangement with labral tear and impingement syndrome, lumbar spine sprain/strain syndrome, bilateral lower extremity radicular symptoms, right knee sprain/strain, medication-induced gastritis, and reactionary depression and anxiety. Medications included Oxycontin, Percocet, Neurontin, Prilosec, Heat wraps, Adderall, Actiq, Lyrica and Xanax. The patient's status has been determined as permanent and stationary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM guidelines, chapter 7, page 127 state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. In this case, the patient was evaluated by a spine surgeon on 10/24/13, as per progress report dated 01/14/15. The treater states that the surgeon recommended surgical intervention, and the patient will follow-up with the surgeon on as need basis. The treating physician is now requesting consultation with another orthopedic spine surgeon. The request for a second opinion consultation for the purpose of surgical determination is supported by ACOEM. Hence, the request IS medically necessary.