

Case Number:	CM15-0222753		
Date Assigned:	11/18/2015	Date of Injury:	11/07/2008
Decision Date:	12/30/2015	UR Denial Date:	10/30/2015
Priority:	Standard	Application Received:	11/12/2015

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: Montana, Oregon, Idaho
 Certification(s)/Specialty: Orthopedic Surgery

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 56-year-old male, with a reported date of injury of 11-07-2008. The diagnoses include pain in right shoulder, pain in left shoulder, spondylosis without myelopathy or radiculopathy of the lumbosacral region, and lumbar spinal stenosis. The medical report dated 10-19-2015 indicates that the injured worker returned for follow-up of low back pain due to lumbosacral spondylosis and lumbar spinal stenosis, and left shoulder pain. He continued to complain of worsening of back pain. It was noted that the injured worker could not perform land-based exercise due to significantly increased back pain. He reported benefit with aquatic therapy in the past. The injured worker would like to lose weight, which would help alleviate some of the pain in his back. The objective findings include assistance of a wheeled walker; normal bilateral arm abduction; diffuse weakness in all of the muscles of the lower extremities in regard to thigh flexion, leg flexion and extension, ankle dorsi and plantar flexion, and extensor hallucis longus; and decreased sensation around T10 to light touch bilaterally. The injured worker's work status was not indicated. The diagnostic studies to date have not been included in the medical records. Treatments and evaluation to date have included bilateral shoulder arthroscopies, left ankle surgery, left knee arthroscopy, Advil, Baclofen, Hydrocodone-Acetaminophen, a functional restoration program, hand therapy, and TENS unit. The treating physician requested six (6) month gym membership with pool access. On 10-30-2015, Utilization Review (UR) non-certified the request for six (6) month gym membership with pool access.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 month gym membership with pool access: 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, Lumbar and Thoracic, Acute and Chronic, Gym Memberships.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back.

Decision rationale: CA MTUS/ACOEM and Chronic Pain Medical Treatment Guidelines are silent on the issue of gym membership. Alternative guidelines were utilized. According to the ODG shoulder chapter, 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. 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. In this case the injured worker is 56 years old and was injured in 2008. He is being treated for chronic low back pain and shoulder pain. There is lack of evidence that the claimant cannot perform a home based exercise program or that one has been tried and failed. There is no documentation that he has tried and failed previous self directed dietary attempts at weight loss. The request does not meet the criteria set forth in the guidelines and therefore the request is not medically necessary.