

Case Number:	CM15-0036545		
Date Assigned:	03/05/2015	Date of Injury:	10/31/2011
Decision Date:	04/16/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/26/2015

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 56-year-old female, who sustained an industrial injury on 10/31/11. She has reported neck and back pain. The diagnoses have included herniated nucleus pulpous of cervical and lumbar spine, possible cervical and lumbar radiculopathy, bilateral shoulder impingement bursitis and bilateral AC joint arthrosis. Treatment to date has included chiropractic treatment, activity restrictions, Naproxen 550mg, acupuncture therapy, Tramadol 150mg, topical cream and home exercise program. Currently, the injured worker complains of ongoing neck and back pain, unchanged since prior visit. Physical exam dated 12/10/14 revealed tenderness to palpation of lower lumbar facet regions bilaterally, lower cervical facet regions bilaterally, and decreased range of motion. It is noted the injured is improving. On 1/27/15 Utilization Review non-certified 3-month gym membership, noting it is not recommended unless a home exercise program has not been effective and there is a need for equipment. The ODG was cited. On 1/27/15, the injured worker submitted an application for IMR for review of 3-month gym membership.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym Membership 3 months, at [REDACTED]: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299, 301.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low Back (Lumbar & Thoracic) Chapter, under Gym memberships.

Decision rationale: Based on the 12/10/14 progress report provided by treating physician, the patient presents with neck pain rated 5/10 and back pain rated 6/10. The request is for gym membership 3 months at [REDACTED]. RFA is not available. Patient's diagnosis on 12/10/14 included cervical and lumbar spine herniated nucleus pulposus, possible cervical and lumbar radiculopathy, bilateral shoulder impingement bursitis, and bilateral AC joint arthrosis. The patient has had chiropractic and acupuncture sessions, which improved her ability to do home exercises. Patient's medications include Naproxen, Tramadol and Lidopro cream. The patient is permanent and stationary. MTUS and ACOEM guidelines are silent regarding gym membership. ODG guidelines, Low Back (Lumbar & Thoracic) Chapter, under Gym membership states: "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." ODG further states treatment must be monitored by medical professionals. Per progress report dated 12/10/14, treater states, "I request a gym membership for 3 months at [REDACTED] as it is local to the patient to allow the patient to continue pool and aquatic therapy." ODG Guidelines only allow gym memberships in cases where documented home exercise program with periodic assessment and revision have not been effective; and there is a need for equipment. In addition, treatment needs to be monitored and administered by medical professionals. In this case, ODG does not support one type of exercise over another. The treating physician does not discuss weight-bearing issues that may warrant aquatic therapy. Furthermore, ODG generally does not support pool/gym memberships as medical treatments. In this case, there is no discussion why the patient is unable to do the necessary exercises at home, and there is no plan for medical supervision at the gym or the pool. There is no documentation of specific objective and subjective outcomes with regards to gym membership, either. The request is not in accordance with guidelines. Therefore, the request is not medically necessary.