

<b>Case Number:</b>	CM15-0050779		
<b>Date Assigned:</b>	03/24/2015	<b>Date of Injury:</b>	08/29/2012
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/18/2015

### 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:

This 49 year old male sustained an industrial injury on 8/29/12. He subsequently reported low back and left hip pain. Diagnostic testing has included x-rays and MRIs. Diagnoses include osteoarthritis of the left hip and multiple levels of degenerative disc disease. Treatments to date have included hip surgery, injections, yoga, physical therapy and prescription pain medications. The injured worker continues to experience low back, left hip and left knee pain. A request for a Gym membership with pool access and a retrospective drug screen was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gym membership with pool access (unsupervised) (months): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

**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 membership.

**Decision rationale:** Pursuant to the Official Disability Guidelines, gym membership with pool access, unsupervised for three months 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. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are low back pain; left hip pain; and left intra-articular injection January 15, 2013 with some improvement. A February 17, 2015 progress note indicates the injured worker had a left total hip replacement approximately one year prior December 4, 2014. The injured worker received physical therapy and ongoing yoga. Patient continues on a home exercise program. Subjectively, the VAS pain scale is 7/10. The treating physician requested full therapy, self-guided. Gym memberships are not considered medical treatment and are not covered under the Official Disability Guidelines. Consequently, absent guideline recommendations for unsupervised, self-guided gym membership, gym membership with pool access, unsupervised for three months is not medically necessary.

**(Retrospective DOS 2/17/15) Drug Screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 76-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug screen Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Urine drug screen.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective drug screen date of service February 17, 2015 is not medically necessary. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. This test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. The frequency of urine drug testing is determined by whether the injured worker is a low risk, intermediate or high risk for drug misuse or abuse. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. For patients at low risk of addiction/aberrant drug-related behavior, there is no reason to perform confirmatory testing unless the test inappropriate or there are unexpected results. If required, confirmatory testing should be the questioned drugs only. In this case, the injured worker's working diagnoses are low back pain; left hip pain; and left intra-articular injection January 15, 2013 with some improvement. The documentation indicates the injured worker had a total hip replacement

approximately one-year prior on December 4, 2014. Presently, the injured worker is being weaned off Percocet. Subjectively, the injured worker complains of 7/10 pain. The treating physician indicated in the treatment plan a random urine drug screen. There is no clinical indication a rationale for the urine drug screen. The injured worker is being weaned off Percocet, there is no aberrant drug-related behavior and there is no history of drug misuse or abuse in the record. Consequently, absent clinical documentation with a history of drug misuse or abuse with a clinical indication or rationale for urine drug testing, retrospective drug screen date of service February 17, 2015 is not medically necessary.