

Case Number:	CM15-0056161		
Date Assigned:	04/28/2015	Date of Injury:	02/19/1978
Decision Date:	05/28/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/24/2015

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: Preventive Medicine, Occupational 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 68 year old male, who sustained an industrial injury on 2/19/78. He reported left elbow pain. The injured worker was diagnosed as having pain disorder associated with both psychological factors and a general medical condition (sustained stress response), major depressive mood disorder, generalized anxiety disorder, post-traumatic stress disorder, cognitive disorder (executive dysfunction syndrome), chronic sprain/strain of cervicothoracic spine associated with musculoligamentous structures, multilevel cervical spondylosis, tendonitis and impingement of both shoulders, lateral epicondylitis status post ulnar nerve transposition with residual ulnar neuropathy, chronic sprain/strain of the lumbosacral spine, and bilateral patellofemoral syndrome. Comorbid conditions include diabetes, obesity (BMI 32.6) and gastroesophageal reflux disease. Treatment to date has included medications, elbow surgery, and lumbar laminectomy and fusion at L1-2 and L5-S1. Currently, the injured worker complains of back pain with radiation to bilateral lower extremities. Muscle spasms were also noted. The treating physician requested authorization for 1 gym membership with a jacuzzi and whirlpool.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 gym membership with a jacuzzi and whirlpool: 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 - Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 12 Low Back Complaints Page(s): Chp 3, page(s) 48-9, Chp 8, page(s) 174, 181-2; Chp 9, page(s) 230-1; Chp 10 (Revised 2007) pg 4, 15, 20, 25-31; Chp 12 pg 300-1, 308-9, Chronic Pain Treatment Guidelines Exercise, Physical Medicine Page(s): Part 1, page(s) 12; Part 2, page(s) 46-7, 98-9.

Decision rationale: Physical therapy or physiotherapy (often abbreviated to PT) is a form of medical therapy that remediates musculoskeletal impairments and promotes mobility, function, and quality of life through the use of mechanical force and movement (active and passive). Passive may be effective in the first few weeks after an injury but has not been shown to be effective after the period of the initial injury. Active therapy directed towards specific goals, done both in the PT office and at home is more likely to result in a return to functional activities. There is strong evidence that directed exercise could return an injured worker to work. However, the MTUS does not directly comment on use of a home exercise or gym membership to maintain functional gains achieved by physical therapy. It does note, though, that there is insufficient evidence to recommend one exercise program over another. Additionally, there are no evidenced-based controlled studies to either recommend or discourage use of home exercise or gym membership. Many physical therapists will give patients a home program that can be accomplished with use of simple elastic bands and other exercises that do not need expensive equipment to complete. The physical therapy this patient has just been completed was of benefit to this patient. However, there is nothing in the records that demonstrate a specific need to continue the physical therapy exercises in a gym environment. Medical necessity for a gym membership has not been established. Therefore is not medically necessary.