

Case Number:	CM15-0057235		
Date Assigned:	04/06/2015	Date of Injury:	01/20/2000
Decision Date:	05/05/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/25/2015

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: New Jersey

Certification(s)/Specialty: Family Practice

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 71-year-old male who sustained an industrial injury on 01/20/2000. Diagnoses include degeneration of the lumbar spine. Treatment to date has included medications, swimming, physical therapy, injections, stretching, massage, and yoga. A physician progress note dated 02/15/2015 documents the injured worker has an antalgic gait and uses a cane to ambulate, which needs to be replaced. He rates his pain as 8-9 out of 10 on the pain scale without medications, and 3-4 out of 10 with medications. His pain is in his back with intermittent radiation of pain into his lower extremities. Range of motion is restricted. His pain is stable. The treatment plan is for a cane and a gym membership. Treatment requested is for 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:

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 ODG (Low Back Chapter, Gym Membership).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 45-47. Decision based on Non-MTUS Citation ODG Lower back section, Gym memberships.

Decision rationale: The MTUS states that exercise is recommended for chronic pain, although there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other. Such programs should emphasize education, independence, and the importance of an on-going exercise regime. The MTUS also recommends aquatic therapy as an optional exercise strategy in cases where land-based exercise or therapy is not tolerated, as it can minimize the effects of gravity, and may be appropriate for a patient that is extremely obese. The MTUS does not specifically address gym memberships. The ODG discusses when a gym membership is recommended for lower back injuries. It states that the gym membership is only recommended when a home exercise program has not been effective and there is a need for equipment. In addition, treatment needs to be monitored and administered by medical professionals, such as a physical therapist for example. Unsupervised exercise programs do not provide any information back to the treating physician, which is required to make adjustments if needed and to prevent further injury. In the case of this worker, there was no evidence provided to show this worker was unable to perform home exercises successfully, there was no indication that a health professional at this gym and pool would supervise him, and it was not clear in the record why pool access was required. Therefore, the request for gym membership with pool access is not medically necessary.