

<b>Case Number:</b>	CM15-0082821		
<b>Date Assigned:</b>	05/05/2015	<b>Date of Injury:</b>	05/01/2010
<b>Decision Date:</b>	06/12/2015	<b>UR Denial Date:</b>	04/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2015

### 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 was a 59 year old female, who sustained an industrial injury, May 1, 2010. The injured worker previously received the following treatments Tylenol, Anaprox DS, pool therapy, EMG/NCS (electro diagnostic studies and nerve conduction studies) of the upper extremities, psychological services, physical therapy, cervical spine z-rays, cervical spine CT scan, right wrist x-rays, lumbar spine x-rays and Voltaren. The injured worker was diagnosed with right ankle/foot sprain/strain, right elbow sprain/strain with medial and lateral epicondylitis, headaches, dizziness, cervical spine sprain/strain and stress. According to progress note of April 3, 2015, the injured workers chief complaint was lumbar spine, right ankle and cervical spine pain. The pain was described as moderate, intermittent, dull ache soreness. The physical exam noted Tenderness with palpation of the thoracic and lumbar spine. The straight leg testing was negative for lumbar spine pain. There was also tenderness with palpation of the cervical spine. The injured worker stated the pool therapy helped, according to the progress noted of December 1, 2014. The treatment plan included renewal of gym membership and weight loss program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gym membership renewal, 1 year:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47.

**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 Chapter, Gym memberships.

**Decision rationale:** Based on the 04/03/15 progress report provided by treating physician, the patient presents with pain to back and neck rated 6/10. The request is for GYM MEMBERSHIP RENEWAL, 1 YEAR. Patient's diagnosis per Request for Authorization form dated 04/03/15 includes Lateral epicondylitis, Medial Epicondylitis, Sprains and strains of unspecified site of elbow and forearm, Sprains and strains of ankle and foot, Cervical Sprain Syndrome, and Sprain of lumbar. Physical examination on 04/03/15 revealed spasms and tenderness to palpation to the lumbar and cervical paravertebral muscles. Positive straight leg raise test. Treatment to date has included physical therapy, pool therapy, home exercise program, imaging and EMG/NCS studies, psychological services, modified work restrictions and medications. Patient's medications include Tylenol ES, and Anaprox. The patient is working modified duty, per 04/03/15 report. Treatment reports were provided from 02/23/11 - 04/03/15. MTUS and ACOEM guidelines are silent regarding gym membership. ODG guidelines, Low Back (Lumbar & Thoracic) Chapter, under Gym memberships 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. Provided current progress reports were handwritten and difficult to interpret. Treater has not provided medical rationale for the request. 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. Furthermore, ODG generally does not support pool/gym memberships as medical treatment. In this case, there is no documentation of specific objective and subjective outcomes with regards to gym membership, mention of need for special equipment, nor discussion why the patient is unable to do the necessary exercises at home. Therefore, the request IS NOT medically necessary.

**Weight loss program:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47. Decision based on Non-MTUS Citation AETNA website [aetna.com/cpb/medical/data/1\\_99/0039.html](http://aetna.com/cpb/medical/data/1_99/0039.html).

**Decision rationale:** Based on the 04/03/15 progress report provided by treating physician, the patient presents with pain to back and neck rated 6/10. The request is for WEIGHT LOSS PROGRAM. Patient's diagnosis per Request for Authorization form dated 04/03/15 includes

Lateral epicondylitis, Medial Epicondylitis, Sprains and strains of unspecified site of elbow and forearm, Sprains and strains of ankle and foot, Cervical Sprain Syndrome, and Sprain of lumbar. Physical examination on 04/03/15 revealed spasms and tenderness to palpation to the lumbar and cervical paravertebral muscles. Positive straight leg raise test. Treatment to date has included physical therapy, pool therapy, home exercise program, imaging and EMG/NCS studies, psychological services, modified work restrictions and medications. Patient's medications include Tylenol ES, and Anaprox. The patient is working modified duty, per 04/03/15 report. Treatment reports were provided from 02/23/11 - 04/03/15. MTUS Guidelines page 46 and 47 recommends exercise, but states that there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. Neither MTUS, ODG, nor ACOEM have any say on the weight loss program. AETNA website [aetna.com/cpb/medical/data/1\\_99/0039.html](http://aetna.com/cpb/medical/data/1_99/0039.html) was referred. AETNA allows "medically supervised" weight loss program only if the patient has failed caloric restriction and physical activity modifications. The [REDACTED] weight program is a medically supervised program [http://www.\[REDACTED\].com/lhc-riteaid.aspx](http://www.[REDACTED].com/lhc-riteaid.aspx). Provided current progress reports were handwritten and difficult to interpret. Per 04/03/15 progress report, treater states "RFA- WT Loss, 30 lbs BMI 35." In this case, a BMI value of 35 would indicate that the female patient is classified as obese. However, provided progress reports do not reveal any steps taken by the patient to achieve weight loss goals. There is no documentation of trialed and failed caloric restrictions with increased physical activities, either. Furthermore, though physician-monitored programs are supported for those with BMI greater than 30, programs like [REDACTED], [REDACTED], [REDACTED], [REDACTED], or similar programs are excluded. Moreover, treater has not provided an end- point to the requested weight loss program. Therefore, the request IS NOT medically necessary.