MAXIMUS Federal Services

Case Number:	CM15-0084367		
Date Assigned:	05/06/2015	Date of Injury:	11/15/2013
Decision Date:	06/05/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/01/2015

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: Iowa, Illinois, Hawaii
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 30 year old female who sustained an industrial injury on 11/15/2013. Current diagnoses include lumbosacral or thoracic neuritis/radiculitis, sacroiliac ligament sprain/strain, and lumbalgia. Previous treatments included medication management, acupuncture, physical therapy, and chiropractic therapy. Previous diagnostic studies include x-rays and MRI's, and EMG/NCS. Initial injuries included acute onset of pain in the right leg that traveled down from her lower back into her foot. Report dated 04/08/2015 noted that the injured worker presented with complaints that included low back pain, lower extremity pain and numbness has improved. Pain level was 5 out of 10 on a visual analog scale (VAS). Physical examination was positive for tenderness. The treatment plan included a discussion of treatment options, request for a gym membership with pool access for continued conditioning of her back, pelvis, and lower extremities, continue acupuncture, continue medications, return in 3 weeks for home exercise program, and return in one month for follow up. Disputed treatments include a 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 cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aqua Therapy, Physical Medicine Page(s): 22, 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Gym Membership and Other Medical Treatment Guidelines http://www.nhlbi.nih.gov/guidelines/obesity/bmi_tbl.pdf.

Decision rationale: The MTUS guidelines are silent as to gym memberships so the Official Disability Guidelines were consulted. For pool access, the MTUS aquatic therapy and physical medicine sections were consulted. The official disability guidelines state "gym memberships are 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". The official disability guidelines go on to state "Furthermore, treatment needs to be monitored and administered by medical professionals". The California MTUS guidelines recommend aquatic therapy in cases of extreme obesity with "active self-directed home Physical Medicine". The treating physician did not provide documentation of a home exercise program with supervision, current height is 5 feet and weight is 135 pounds. Concerning the request for pool therapy, the patient is not classified as extremely obese. As such, the request for Gym membership with pool access is not medically necessary.