

Case Number:	CM14-0131958		
Date Assigned:	08/22/2014	Date of Injury:	09/23/1998
Decision Date:	09/19/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/18/2014

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. The expert reviewer is Board Certified in Family Practice and is licensed to practice in North Carolina. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 65-year-old with a reported date of injury of 09/23/1998. Past treatment modalities have included surgical intervention. The patient has the diagnoses of bilateral knee arthritis, status post bilateral knee arthroscopy, lumbar spinal stenosis with degenerative disc disease, status post right ankle arthroscopy and osteochondral defect of the right ankle. Per the progress reports provided by the primary treating physician dated 08/14/2014 the patient had complaints of low back pain with occasional radiation to the lower extremities and pain in both knees. The physical exam noted tenderness on the medial and lateral joint lines of both knees and tenderness on the paravertebral lumbar muscles. Treatment recommendations included continuation of aquatic physical therapy and medication modification. In the previous progress notes dated 05/20/2014, the primary treating physician had requested for a one year gym membership so the patient could continue on a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 YEAR GYM MEMBERSHIP: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines exercise Page(s): 46-47.

Decision rationale: The California chronic pain medical treatment guidelines section on exercise states: Recommended. There is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. A therapeutic exercise program should be initiated at the start of any treatment or rehabilitation program, unless exercise is contraindicated. Such programs should emphasize education, independence, and the importance of an on-going exercise regime. (State, 2002) (Airaksinen, 2006) A recent study of the long term impact of aerobic exercise on musculoskeletal pain, in a prospective cohort of 866 healthy seniors followed for 14 years, found that exercise was associated with a substantial and significant reduction in pain even after adjusting for gender, baseline BMI and attrition, and despite the fact that fractures, a significant predictor of pain, were slightly more common among exercisers. (Bruce, 2005) A recent trial concluded that active physical treatment, cognitive-behavioral treatment, and the two combined each resulted in equally significant improvement, much better compared to no treatment. (The cognitive treatment focused on encouraging increased physical activity.) (Smeets, 2006) Progressive walking, simple strength training, and stretching improved functional status, key symptoms, and self-efficacy in patients with fibromyalgia. (Rooks, 2007) Physical conditioning in chronic pain patients can have immediate and long-term benefits, according to a low-quality study presented at the American Academy of Pain Medicine 24th Annual Meeting. (Burlinson, 2008) Physical therapy in warm-water has been effective and highly recommended in persons with fibromyalgia. In this RCT, an aquatic exercise program including one-hour, supervised, water-based exercise sessions, three times per week for 8 months, was found to be cost-effective in terms of both health care costs and societal costs. (Gusi, 2008) An educational technique known as the Alexander technique, along with exercise, is effective for long-term relief of chronic low back pain, according to the results of a randomized trial reported in the BMJ. (Little, 2008). While the California MTUS recommends exercise as part of the treatment of chronic pain, it does not specify the need for gym membership. The ODG states that gym memberships are not recommended unless a home exercise program has proven not to be effective and there is a need for equipment. There is no documentation of a need for special equipment and the request states the membership is to continue home exercise program not because of failure of home exercise. For these reasons the request is not medically necessary.