

Case Number:	CM14-0143345		
Date Assigned:	09/10/2014	Date of Injury:	04/17/2001
Decision Date:	10/14/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/04/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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 66 year old male who sustained an industrial injury on 4/17/2001. His diagnosis is elbow pain. The medical records indicate the patient has a history of back pain as well. Treatment history includes medications and physical therapy. A 03/01/2006 electrodiagnostic study revealed subclinical and unrelated CTS of the right upper extremity; and in the lower extremities the EMG/NCS were normal. An AME report dated 3/06/2013 documented subjective complaints of left elbow and low back pain. Future medical care included medications, injections, and follow-up visits. According to an 8/6/2013 progress report, patient with history of back injury and injury involving the left elbow presents for exam. He has been on OxyContin 80mg daily. He has been quite active and has had physical therapy. Examination documents ROM is diminished, no neurological deficit, and tenderness of the lateral epicondyle area. Diagnoses are left elbow pain and left-sided backache. Treatment plan is for orthopedic consult, pain medication, and continue physical therapy. A prescription form dated 8/19/2014 requests pool therapy for 12 months, 5 days per weeks, for diagnosis back and elbow injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Month Gym Membership: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back; Gym Memberships

Decision rationale: According to the California MTUS guidelines, exercise is recommended, there is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. According to the medical records, the patient sustained an industrial injury in 2001. Treatment has included medications and physical therapy. At this juncture the patient is well versed in a self-directed home exercise program. The guidelines support that functional improvements can be obtained safely and efficiently with a fully independent home exercise program and self-applied modalities which does not require access to a gym or health club. The guidelines support that with unsupervised programs, such as with gym memberships, health clubs or swimming pools, there is no information flow back to the provider, so that changes in the prescription can be made if needed, and there may be risk of further injury to the patient. Access to memberships to gyms and health clubs and the like, are not generally be considered medical treatment. The patient should be adequately established in an HEP, and it is not established that he requires a gym membership. Therefore, the medical necessity for 6 month gym membership is not established.