

Case Number:	CM14-0156291		
Date Assigned:	09/25/2014	Date of Injury:	06/20/1991
Decision Date:	10/27/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/24/2014

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, has a subspecialty in Pain Management and is licensed to practice in California. 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:

This is a patient with a date of injury of September 8, 1997. A utilization review determination dated September 5, 2014 recommends noncertification for a gym membership. A report dated August 18, 2014 identifies subjective complaints of chronic, severe pain in the lower back and right knee. The patient has obtained over 50% pain relief and early functional improvement with decreased medication use from a lumbar epidural steroid injection on May 29, 2014. The patient reports that her right knee has began to buckle when she walks causing her to be unstable. The patient's medications allow tolerance of activities of daily living and home exercise. Physical examination findings include tenderness over the lumbar spine, reduced strength in both lower extremities, and reduced sensation in the right lower extremity. Diagnoses include lumbar intervertebral disc displacement, right knee pain, lumbosacral spondylosis, lumbar facet arthropathy, and obesity. The treatment plan recommends continuing medications, request acupuncture, and request a gym membership for continued pool therapy. A progress report dated August 5, 2014 recommends physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym Membership- Continuous Pool Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7, 46. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46-47 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Gym Memberships

Decision rationale: Regarding request for gym membership, Chronic Pain Medical Treatment Guidelines state that exercise is recommended. They go on to state that there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. ODG states the 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. Plus, treatment needs to be monitored and administered by medical professionals. With unsupervised programs there is no information flow back to the provider, so he or she can make changes in the prescription, and there may be a risk of further injury to the patient. Within the documentation available for review, there is no indication that the patient has failed a home exercise program with periodic assessment and revision. Additionally, there is no indication that the patient has been trained on the use of gym equipment and/or a pool exercise program, or that the physician is overseeing the gym exercise program. Additionally, the requesting provider indicates that the patient is able to perform activities of daily living and is utilizing a home exercise program. If the patient's lower extremity weakness is the primary issue, then it would appear that resistance training with resistance bands may be better able to increase strength in the lower extremities as opposed to exercise in a reduced weight bearing environment. In the absence of clarity regarding those issues, the currently requested gym membership is not medically necessary.