

Case Number:	CM14-0219060		
Date Assigned:	01/09/2015	Date of Injury:	11/30/1999
Decision Date:	03/06/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	12/31/2014

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. 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: New Jersey

Certification(s)/Specialty: Family Practice

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 64 year old female, who sustained an industrial injury on 11/30/1999. She has reported she slipped and fell onto the left side and low back. There was immediate back pain. Later she experienced pain down both legs. Past treatment has included medications, physical therapy, surgery, psychotherapy, massage therapy and injections. The diagnoses have included thoracic or lumbosacral neuritis or radiculitis, chronic pain syndrome, depressive disorder, discectomy and lumbar fusion. Treatment to date has included arthroscopic debridement with extensive synovectomy in all 3 compartments, particularly the patello-femoral joint removing thickened tissue and soft tissue overgrowth within the patello-femoral joint on 10/16/2014. Currently, the worker complains of having trouble with balance overall and continues to have issues related to her back. Progress note dated 12/17/2014 notes the injured worker has had a significant improvement in her range of motion of the knee and a reduction in pain. The provider documents the worker has worked very hard at overcoming issues and recommended her to continue physical therapy and continue her gym membership as that has been keeping her active and mobile. On 12/19/2014 Utilization Review non-certified a request for a 1 year gym membership noting the provider did not list any specific gym equipment that would be medically necessary for the patients continued improvement. ODG was cited. On 2/31/2014 the injured worker submitted an application for IMR for review of requested 1 year gym membership.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 year of gym membership at the [REDACTED]: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 45-47. Decision based on Non-MTUS Citation Lower Back section, Gym memberships

Decision rationale: The MTUS states that exercise is recommended for chronic pain, although there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other. Such programs should emphasize education, independence, and the importance of an on-going exercise regime. The MTUS also recommends aquatic therapy as an optional exercise strategy in cases where land-based exercise or therapy is not tolerated, as it can minimize the effects of gravity, and may be appropriate for a patient that is extremely obese. The MTUS does not specifically address gym memberships. The ODG discusses when a gym membership is recommended for low back injuries. It states that the gym membership is only recommended when a home exercise program has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals, such as a physical therapist, for example. Unsupervised exercise programs do not provide any information back to the treating physician, which is required to make adjustments if needed and to prevent further injury. In the case of this worker, there was limited information provided in the progress notes. There was no discussion of which exercises (including equipment used) and who was to supervise her during these exercises. Without this as part of the treatment plan, the gym membership will not be considered medically necessary. She also was considered, by the requesting provider, capable of following through with a simple home exercise program.