

<b>Case Number:</b>	CM15-0115411		
<b>Date Assigned:</b>	06/23/2015	<b>Date of Injury:</b>	11/23/2011
<b>Decision Date:</b>	07/22/2015	<b>UR Denial Date:</b>	05/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/15/2015

### 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: California, Indiana, New York  
Certification(s)/Specialty: Internal 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 52 year old female, who sustained an industrial injury on 11/23/2011. She reported developing pain in bilateral wrists and low back from repetitive type activity. Diagnoses include status post lumbar fusion, residual sciatica, stiffness, and residual lumbar muscle weakness, bilateral lower extremity radiculopathy, and bilateral carpal tunnel syndrome. Treatments to date include NSAIDS, gabapentin, hydrocodone, therapeutic injections, and physical therapy. Currently, she complained of worsening bilateral wrist pain and residual lower back weakness. On 5/15/15, the physical examination documented tenderness left greater than right over the carpal canal and left thumb. Positive results were documented for Tinel's sign, Phalen's sign and digital compression tests. The lumbar spine examination documented persistent lower back muscle weakness and weak abdominal muscles. The plan of care included Pilates exercise therapy twice a week for two months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pilates therapy 2 times a week for 2 months for the bilateral wrist, low back and bilateral shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Gym memberships.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Gym memberships.

**Decision rationale:** Pursuant to the Official Disability Guidelines, Pilates therapy two times per week times two months for bilateral wrists, low back and bilateral shoulders is not medically necessary. Gym memberships are not recommended as a medical prescription unless a documented home exercise program 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 area 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 risk of further injury to the patient. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment and are therefore not covered under these guidelines. In this case, the injured worker's working diagnoses are status post L4 - L5, 360 lumbar spinal fusion; severe lumbar stiffness secondary to lumbar fusion; residual lumbar muscle weakness; residual abdominal weakness; and left waited and right shoulder pain secondary to bursitis; left greater than right carpal tunnel syndrome; and left trigger thumb. Pilates is generally part of a gym membership and/or health club. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment and are therefore not covered under these guidelines. Consequently, absent guideline recommendations for Pilates/gym membership/health club, Pilates therapy two times per week times two months for bilateral wrists, low back and bilateral shoulders is not medically necessary.