

Case Number:	CM15-0121820		
Date Assigned:	07/06/2015	Date of Injury:	04/23/2005
Decision Date:	08/05/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	06/24/2015

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: Florida

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 (IW) is a 59-year-old female who sustained an industrial injury on 04/23/2005. Diagnoses include lumbosacral sprain/strain. Treatment to date has included medications, aquatic therapy and physical therapy. According to the progress notes dated 6/2/15, the IW reported increased pain of the right hand and thumb and lumbosacral spine discomfort. She indicated self-directed aquatic therapy three to four days per week helped control her spine symptoms. On examination, the right hand was tender and painful to palpation over the joints of the fingers and over joints of the thumb. Pain increased with resisted extension of the thumb and there was a slightly positive grind test at the base of the thumb. The right wrist was mildly painful at the extremes of flexion and extension. Paraspinal tenderness was present from L3 to the sacrum. Range of motion of the lumbar spine was 40 degrees flexion, 20 degrees extension and 20 degrees lateral bending, left and right. She also reported mid-thoracic and mid-lumbar pain with extremes of rotation left and right. Motor strength was intact to the upper and lower extremities. A lumbar spine MRI dated 7/24/12 showed herniation at L3-4 with central canal stenosis and bilateral foraminal narrowing and disc protrusion/herniation at L4-5 with central canal narrowing and right lateral recess encroachment. There was a subtle disc bulge at T2-3 noted on the MRI of the thoracic spine on 7/24/12. X-ray of the right hand on 2/20/12 showed significant narrowing of the first carpometacarpal (CMP) joint and first metacarpophalangeal (MCP) joint with generalized proximal interphalangeal (PIP) and distal interphalangeal (DIP) joints narrowing consistent with arthritis. A request was made for a one year gym membership with pool access for aquatic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Year Gym Membership with Access to Pool for Aquatic Therapy: 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), Knee and Leg chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Academy of Family Physicians. Which Weight-Loss Programs Are Most Effective Am Fam Physician. 2012 Aug 1; 86(3): 280-282.

Decision rationale: The California MTUS guidelines, ODG, and ACOEM are all silent on the issue of gym memberships. There are no substantial studies available that compare physical results achieved in the gym setting versus the home setting that are well recognized by the leading medical authorities in primary care. This patient can continue his exercise efforts in the home setting just as well as in the gym setting. Regarding the request for pool access for aquatic therapy, there is no documentation provided of a significant deficit that would prohibit land based therapy. This request for a year's gym membership is considered not medical necessary.