

Case Number:	CM15-0126246		
Date Assigned:	07/31/2015	Date of Injury:	04/09/2002
Decision Date:	08/27/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	06/30/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 58 year old male, who sustained an industrial injury on 4-09-2002, when attempting to break up a fight. The injured worker was diagnosed as having post-laminectomy syndrome of the cervical region, myalgia and myositis, unspecified, cervicgia, degeneration of lumbar or lumbosacral intervertebral disc, carpal tunnel syndrome, lesion of ulnar nerve, neuralgia, neuritis, and radiculitis, unspecified, thoracic or lumbosacral neuritis or radiculitis, unspecified, degeneration of cervical intervertebral disc, and lumbosacral spondylosis without myelopathy. Treatment to date has included diagnostics, neck surgery, right shoulder surgery, epidural steroid injections, acupuncture, massage, yoga, transcutaneous electrical nerve stimulation unit, facet injections, medial branch blocks, cognitive behavior therapy, mental health treatment, physical therapy, and medications. Currently, the injured worker complains of neck pain, thoracic pain, low back pain, and left arm and hand pain. The pain was worst in the neck, shoulders, and low back. He continued to have right leg pain and right leg and foot numbness. Medications included Norco and Zegrid. Pain was rated 4 out of 10 with medications and 9 out of 10 without. The treatment plan included a gym membership for 6 months for light activity and core strengthening. It was documented that he previously reported success with improved core strength, increased range of motion, increased confidence, reduced fear of re-injury, and increased endurance. He was not working and work status was total temporary disability for his bilateral carpal tunnel and left shoulder. Permanent and stationary status was noted regarding his right shoulder, low back, and knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership for 6 months: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 114, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment for Workers' Compensation 2012 on the web (www.odgtreatment.com) Work Loss Data Institute (www.worklossdata.com).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise, Pages 46-47.

Decision rationale: It can be expected that the patient had been instructed in an independent home exercise program to supplement the formal physical therapy the patient had received and to continue with strengthening post discharge from PT. Although the MTUS Guidelines stress the importance of a home exercise program and recommend daily exercises, there is no evidence to support the medical necessity for access to the equipment available with a gym/pool membership versus resistive thera-bands to perform isometrics and eccentric exercises. It is recommended that the patient continue with the independent home exercise program as prescribed in physical therapy. The accumulated wisdom of the peer-reviewed, evidence-based literature is that musculoskeletal complaints are best managed with the eventual transfer to an independent home exercise program. Most pieces of gym equipment are open chain, i.e., the feet are not on the ground when the exercises are being performed. As such, training is not functional and important concomitant components, such as balance, recruitment of postural muscles, and coordination of muscular action, are missed. Again, this is adequately addressed with a home exercise program. Core stabilization training is best addressed with floor or standing exercises that make functional demands on the body, using body weight. These cannot be reproduced with machine exercise units. There is no peer-reviewed, literature-based evidence that a gym membership or personal trainer is indicated nor is it superior to what can be conducted with a home exercise program. There is, in fact, considerable evidence-based literature that the less dependent an individual is on external services, supplies, appliances, or equipment, the more likely they are to develop an internal locus of control and self-efficacy mechanisms resulting in more appropriate knowledge, attitudes, beliefs, and behaviors. Submitted reports have not demonstrated indication or necessity beyond guidelines criteria. The Gym membership for 6 months is not medically necessary and appropriate.