

Case Number:	CM15-0126712		
Date Assigned:	07/13/2015	Date of Injury:	03/28/2011
Decision Date:	08/06/2015	UR Denial Date:	06/08/2015
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: Arizona, California

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 53 year old female, who sustained an industrial injury on 3/28/11. Initial complaints were of her right ankle; right knee; bilateral shoulders, right elbow and low back. The injured worker was diagnosed as having probable somatoform pain disorder; chronic pain syndrome; right ankle internal derangement with osteochondral lesion. Treatment to date has included [REDACTED] chiropractic treatments; gym membership (one year); medications. Currently, the PR-2 notes dated 5/26/15 indicated the injured worker states her gym membership has expired. She was using the gym membership to exercise in warm pool for treatment of her chronic pain syndrome. She continues to meet with her psychologist and also attends NUCCA treatment on her own. Objective findings are documented as right facial swelling with diffuse axial spine tenderness with reduced bilateral shoulder range of motion and right ankle tenderness. She has received laser treatments for facial hemangioma with some improvement in discoloration per PR-2 notes dated 8/29/14. The provider is requesting authorization of Gym Membership renewal for one year.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership, quantity: 1 year: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines aqua therapy Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter and gym- pg 53.

Decision rationale: There is no evidence to support a gym membership alone would benefit pain management. Furthermore, the ODG guidelines indicate that gym memberships are not recommended as a medical prescription unless there is documented need for equipment due to failure from home therapy. With unsupervised programs, there is no feedback to the treating physician in regards to treatment response. In addition, aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. The length of treatment recommended is up to 8 sessions. Since the gym membership was for aqua therapy and the length of time requested exceeds the amount of recommended above, a gym membership is not medically necessary.