

Case Number:	CM15-0174202		
Date Assigned:	09/16/2015	Date of Injury:	04/12/2012
Decision Date:	10/23/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	09/03/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 35-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of April 12, 2012. In a Utilization Review report dated August 6, 2015, the claims administrator failed to approve a request for a gym membership to include access to a pool and/or stationary bike. The claims administrator referenced a progress note dated July 16, 2015 in its determination. On said July 16, 2015 progress note, the applicant reported ongoing complaints of low back and lower extremity pain, reportedly attributed to lumbar radiculopathy and superimposed polyneuropathy. The applicant was on Neurontin and Norco, it was reported. The applicant had retired from the workplace, it was acknowledged. Manipulative therapy was sought. The applicant had previously received acupuncture, it was reported. A gym membership with access to aquatic therapy was sought. Permanent work restrictions imposed by medical-legal evaluator were acknowledged, although the applicant was not working with said limitations in place. The applicant's gait was not clearly described or characterized.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym/pool membership: one year for access to swimming and stationary bike exercises:
 Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Physical Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management, and Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy, Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Problems, Gym memberships.

Decision rationale: No, the request for a gym and pool membership for one-year with access to swimming and/or stationary bike was not medically necessary, medically appropriate, or indicated here. Page 98 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that applicants should be instructed in and are expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The MTUS Guidelines in ACOEM Chapter 5, page 83 also stipulates that, to achieve functional recovery, applicants must assume certain responsibilities, one of which includes adhering to and maintaining exercise regimens. The gym membership at issue, thus, per page 98 of the MTUS Chronic Pain Medical Treatment Guidelines and page 83 of the ACOEM Practice Guidelines, is an article of applicant responsibility as opposed to an article of payor responsibility. ODG's Low Back Chapter Gym Membership topic also notes that gym membership is not recommended as a medical prescription unless the documented home exercise program has proven ineffectual and there is a need for equipment. Here, however, the attending provider's July 16, 2015 progress note made no mention of the claimant is having previously failed a home exercise program. The attending provider did not state why the applicant needed access to a stationary bike and/or a pool. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that aquatic therapy is recommended as an optional form of exercise therapy in applicants in whom reduced weight bearing is desirable, here, however, the applicant's gait was not clearly described or clearly characterized as of the July 16, 2015 office visit at issue. It was not clearly established that reduced weight bearing and, by implication, the pool access at issue here, was indicated. Therefore, the request was not medically necessary.