

<b>Case Number:</b>	CM15-0177970		
<b>Date Assigned:</b>	09/18/2015	<b>Date of Injury:</b>	11/06/2008
<b>Decision Date:</b>	10/21/2015	<b>UR Denial Date:</b>	09/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2015

### 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 44 year old male, who sustained an industrial-work injury on 11-6-08. A review of the medical records indicates that the injured worker is undergoing treatment for cervicobrachial syndrome, cervical disc displacement, and long-term use of medications. Medical records dated (1-28-15 to 8-24-15) indicate that the injured worker complains of neck and right shoulder pain with increased symptoms. He also reports difficulty staying asleep despite use of Ambien. He also reports difficulty is car posture as he drives a mixer truck. The pain is rated 4-5 out of 10 without medications and decreases to 2-3 out of 10 with use of medications. The medical record dated 8-24-15 the physician indicates that he is a weight lifter and maintains good posture during lifting and does not hurt when he lifts. He also reports intermittent numbness when the pain is severe. Per the treating physician report dated 3-17-15 the injured worker is permanent and stationary and can return to work. The physical exam dated 3-17-15 reveals facet tenderness in the bilateral C5, C6 and C7. There is hypertonicity, spasm, tenderness, tight muscle band and trigger point noted on both sides. There is spinous process tenderness noted C5, C6, and C7. Spurling's maneuver on the right and left causes pain in the muscles of the neck. The physical exam dated 8-24-15 is unremarkable. The physician indicates that he recommends a gym membership to decrease dependence on opioids and decrease chance for further injury on the job. Treatment to date has included pain medication, physical therapy unknown amount, cervical epidural steroid injection (ESI) in May 2015 and prior to that, trigger point injection with 5 days relief of pain, acupuncture, massage, foam roller, ice, and other modalities. The request for authorization date was 8-24-15 and requested service included a

gym membership. The original Utilization review dated 9-1-15 non-certified the request as there is no clear rationale provided as to why the injured worker is unable to perform a home exercise program (HEP) in the home setting or why the injured worker requires equipment.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Gym Membership:** 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), Low Back, Gym Memberships.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Exercise.

**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 is not medically necessary and appropriate.