

Case Number:	CM15-0061091		
Date Assigned:	04/07/2015	Date of Injury:	01/06/2011
Decision Date:	05/06/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/31/2015

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: Emergency 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 injured worker is a 63 year old female, who sustained an industrial injury on 01/06/2011. On provider visit dated 02/11/2015 the injured worker has reported pain. On examination, she was noted to ambulate with a cane. Cervical spine was noted to have stiffness with range of motion and diffuse tenderness. Right shoulder/arm tenderness was noted. Lumbar spine with noted to have a decreased range of motion and diffuse tenderness. And right hip was noted to have tenderness and a stiff range of motion. The diagnoses have included joint pain shoulder, joint pain forearm, lumb/lumbosacral disc degeneration, cervicgia and adhesive capsulitis shoulder. Treatment to date has included medication, exercise at home, and acupuncture. The provider requested Outpatient gym membership for use of heated pool 2-3 times per week, no duration indicated for symptom management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient gym membership for use of heated pool 2-3 times per week, no duration indicated: 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), Gym memberships.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise, Pages 46-47 Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic(Acute & Chronic), Gym Memberships.

Decision rationale: The requested Outpatient gym membership for use of heated pool 2-3 times per week, no duration indicated, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Exercise, Pages 46-47, note that exercise is "Recommended. There is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. There is insufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen." Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic), Gym Memberships, note that gym memberships are "Not recommended as a medical prescription unless a home exercise program has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals. While an individual exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment, may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision. With unsupervised programs there is no information flow back to the provider, so he or she can make changes in the prescription, and there may be risk of further injury to the patient." The treating physician has documented the following exam findings: Cervical spine was noted to have stiffness with range of motion and diffuse tenderness. Right shoulder/arm tenderness was noted. Lumbar spine with noted to have a decreased range of motion and diffuse tenderness. And right hip was noted to have tenderness and a stiff range of motion. The treating physician has not documented failed home exercise or specific equipment needs that support the medical necessity for a gym membership. The treating physician has not documented monitored attendance nor objective evidence of derived functional benefit from completed gym usage, such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention. The criteria noted above not having been met, Outpatient gym membership for use of heated pool 2-3 times per week, no duration indicated is not medically necessary.