

Case Number:	CM15-0072054		
Date Assigned:	04/22/2015	Date of Injury:	12/23/2010
Decision Date:	05/20/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	04/15/2015

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: 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 60 year old male, who sustained an industrial injury on December 23, 2010. He has reported neck pain and lower back pain. Diagnoses have included cervical spine strain/sprain, cervical spine degenerative disc disease, cervical spine stenosis, and thoracolumbar strain/sprain. Treatment to date has included physical therapy, transcutaneous electrical nerve stimulator unit, lumbar spine fusion, imaging studies, and diagnostic testing. The injured worker also underwent aqua therapy which was noted to be helpful. A progress note dated March 3, 2015 indicates a chief complaint of neck pain, improved numbness and tingling of the hands, and lower back pain radiating to the legs with weakness. The treating physician documented a plan of care that included a gym membership for six months and aqua therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership for six months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Low Back Section: Gym Memberships.

Decision rationale: The Official Disability Guidelines comment on the use of gym memberships as a treatment modality. Gym memberships are not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revision 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. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment, and are therefore not covered under these guidelines. In this case, there is insufficient documentation to indicate that the patient meets these above cited criteria for a gym membership. For this reason, a gym membership is not considered as medically necessary.

Aquatic Therapy 2 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

Decision rationale: The MTUS/Chronic Pain Medical Treatment guidelines comment on the use of aquatic therapy as a treatment modality. 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. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains. In this case, the records indicate that the patient has already engaged in over 20 visits of aquatic therapy. There is insufficient documentation to indicate that the prior use of aquatic therapy has resulted in improved outcomes such as decreased pain and increased activity. Given the lack of documentation of these outcomes of aquatic therapy already provided an additional course of aquatic therapy 2 times a week for 4 weeks is not medically necessary.