

Case Number:	CM15-0090268		
Date Assigned:	05/13/2015	Date of Injury:	06/14/2010
Decision Date:	06/19/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/08/2015

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, Pain Management

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 61 year old male who sustained an industrial injury on 06/14/2010. The injured worker was diagnosed with degenerative joint disease bilateral hips, lumbar facet arthropathy, backache, chronic pain syndrome with psychological factors and obesity. Treatment to date includes diagnostic testing, epidural steroid injection, surgery, physical therapy, pain management group therapy and medications. The injured worker underwent a right total hip replacement in 2007 and a left total hip replacement in 2009. According to the primary treating physician's progress report on April 24, 2015, the injured worker continues to remain unchanged. The injured worker rates his pain level at 4/10 with medications and 8/10 without medications. Previous reports from February 27, 2015 and March 27, 2015 also noted no changes in activity levels or quality of life. Examination dated April 24, 2015 demonstrated a slow, stooped, global antalgic gait. No assistive devices were used. Range of motion was restricted by pain. Tenderness to palpation was demonstrated over the paravertebral muscles with hypertonicity and tight muscle band bilaterally. Lumbar facet loading and Faber were positive and stretch piriformis and straight leg raise were negative. Motor strength of extensor hallucis longus muscle bilaterally was decreased with other strength intact. Sensory was patchy to light touch. Current medications are listed as Percocet, Robaxin, Cymbalta, Ibuprofen and Neurontin. Urine drug screening on March 27, 2015 was consistent with prescribed medications and positive for ethyl alcohol. Treatment plan consists of continuing with current medication regimen, transcutaneous electrical nerve stimulation (TEN's) unit, aquatic therapy and the current request for a gym membership with pool for a 6 month period to continue exercises taught in therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership with pool x 6 months: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 94, 299- 301, Chronic Pain Treatment Guidelines Physical medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gym memberships Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Gym Memberships.

Decision rationale: Regarding request for gym membership, Chronic Pain Medical Treatment Guidelines state that exercise is recommended. They go on to state that there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. ODG states the 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. 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 a risk of further injury to the patient. Therefore, the currently requested gym membership is not medically necessary.