

Case Number:	CM14-0146539		
Date Assigned:	09/12/2014	Date of Injury:	08/14/2012
Decision Date:	10/06/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/09/2014

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. The expert reviewer is Board Certified in Emergency Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 35 year-old male, who sustained an injury on August 14, 2012. The mechanism of injury occurred from lifting. Diagnostics have included: October 1, 2012 lumbar spine MRI reported as showing L3-S1 spondylosis with disc bulges. Treatments have included: medications, physical therapy, and aquatic therapy. The current diagnoses are: low back pain, lumbar strain. The stated purpose of the request for One year gym membership with pool access was to provide exercise and lose weight. The request for One year gym membership with pool access was denied on August 29, 2014, citing a lack of documentation of supervision, lack of established goals, lack of long-term studies noting effectiveness, and safety issues. Per the report dated August 12, 2014, the treating physician noted complaints of lumbar pain. Exam findings included difficulty walking, severe tenderness to the thoracic and lumbar paraspinal muscles, non-radicular straight leg raising tests and normal lower extremity muscle strength. Per a July 3, 2014 QME report, the recommended treatment included medications and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

One year gym membership with pool access: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Gym Membership

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise; Aquatic Therapy Page(s): 46-47; 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Gym Memberships

Decision rationale: The requested One year gym membership with pool access 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, is superior to treatment programs that do not include exercise. There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen." ODG 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." Chronic Pain Medical Treatment Guidelines, Aquatic Therapy, Page 22, note that 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." The injured worker has lumbar pain. The treating physician has documented difficulty walking, severe tenderness to the thoracic and lumbar paraspinal muscles, non-radicular straight leg raising tests and normal lower extremity muscle strength. 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 failed land-based therapy or the patient's inability to tolerate a gravity-resisted therapy program. The criteria noted above not having been met, One year gym membership with pool access is not medically necessary.