



**CLAIMS EVAL**

Utilization Review and  
Peer Review Services

**DATE OF REVIEW: 6-9-09**

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Health Club Membership

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION**

American Board of Physical Medicine and Rehabilitation

**REVIEW OUTCOME**

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

- Records from, MD.
- Records from, PhD.
- Records from, MD.
- Records from, MD.

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

Medical records reflect the claimant sustained a work related injury on xx-xx-xx. On this date, it is noted the claimant was lifting cases of wine and liquor and sustained an injury to his lower back.

The claimant sought medical attention under the direction of MD., and was treated with medications and a course of physical therapy.

An MRI of the lumbar spine dated 7-5-01 shows degenerative disc disease with a degree of disc desiccation at the lumbar levels and loss of disc space height at L5-S1. No significant disc bulge or disc protrusion at any lumbar level. There is no mass effect on the thecal sac or exiting nerve roots. There is no central or foraminal stenosis. There is no evidence of lumbar compression fracture or spondylolisthesis.

On 9-7-01, Dr. reported the claimant had x-rays of the hips, which showed AVN bilateral, right greater than left.

MRI of the bilateral hips and pelvis dated 9-20-01 showed findings consistent with osteonecrosis of both femoral heads with diffuse reactive marrow edema involving the femoral neck and proximal diaphysis of the femurs bilaterally as well as the anterior aspect of the acetabulum. Small bilateral pleural effusions.

The claimant was evaluated by, MD., who recommended core decompression of the hip.

On 2-27-02, Dr. noted that due to the uncertainty about the overall effectiveness of the Cordy compression, the claimant wanted to go ahead with a hip replacement.

On 4-2-02, the claimant underwent right hip total replacement.

Postoperative, the claimant was noted to be dissatisfied with the outcome. He noted he had swelling to the left lower extremity, which was noted to be usual. The claimant was started on a postoperative course of physical therapy.

On 9-3-02, Dr. reported the claimant was involved in a motor vehicle accident on 8-22-03 and had some posterior cervical pain, thoracic pain and increased lumbar pain. The claimant was continued with physical therapy for his hip.

A Required Medical Evaluation performed by, MD., on 11-21-01 notes the claimant's current avascular necrosis is associated with a previous or prior liver disorder based on the current findings. There is no medical evidence, which would indicate that the avascular necrosis which was subsequently diagnosed on 7-9-01 has any associated with the work related incident of 4-3-01. The evaluator noted the claimant would require a left total hip arthroplasty at some time in his life.

On 1-20-03, , MD., performed a Designated Doctor Evaluation. He certified the claimant did not reach MMI and estimated 7-20-03 as the date of MMI. The evaluator recommended a bipolar hip replacement arthroplasty of the left hip.

On 9-30-03, the claimant underwent a left total hip replacement. Postoperative, the claimant underwent a course of physical therapy.

On 12-11-03, a Venous Doppler of bilateral lower extremities with significant subcutaneous edema in the soft tissues of the right calf. No evidence of deep venous thrombosis involving either lower extremity.

Medical records reflect the claimant continued with low back pain. He was provided treatment in the form of translaminar lumbar epidural steroid injection. The claimant was continued with physical therapy.

On 4-12-04, MD., performed a Treating Doctor Impairment Rating. He certified the claimant had reached MMI and awarded the claimant 53% whole person impairment based on 30% for poor results of the hip arthroplasties bilaterally, combined with 5% for the lumbar spine.

On 4-9-04, MD., performed a Designated Doctor Evaluation. He certified the claimant had reached statutory MMI on 2-4-04 and awarded the claimant 51% whole person impairment based on 30% for the right and left hip.

Medical records reflect the claimant was also provided treatment in the form of psychotherapy.

Medical records reflect the claimant continued to follow-up with Dr. for medication management.

The claimant also began a chronic pain management program and. On 5-

25-05, the claimant changed treatment doctor from Dr. to, MD.

On 12-28-05, MD., performed a Peer Review. It was his opinion that for all the disease process that the claimant had, which included bilateral hip replacements, secondary to avascular necrosis, lumbar degenerative disease, cardiac arrhythmia and chronic anticoagulation and degenerative arthritis, a health club membership is probably the most financially appropriate treatment in this claimant.

On 7-25-08, the claimant came under the care of. He noted Dr. had relocated his practice to Ohio. The evaluator provided a diagnosis of chronic low back pain, chronic bilateral hip pain status post bilateral total hip arthroplasty, and multiple medical problems with deconditioning. The evaluator recommended the claimant continue with his home fitness maintenance program for continued treatment of the deconditioning syndrome. The claimant will continue with his ongoing care with.

On 9-3-08, Dr. performed another Peer Review. It was his opinion the claimant was in maintenance care which was appropriate. No medications were provided or pain management treatment. Dr. reported that a gym membership was reasonable at this time. This is probable the most cost efficient way to maintain the claimant at this time.

Evaluation by, MD., evaluated the claimant on 4-3-09 notes the claimant has current complaints of low back pain and bilateral hip pain. The patient was injured on 4-3-01 working for. The patient has had two surgeries for this injury. He has had appropriate diagnostic testing and therapeutic procedures up to the present. The patient denies medication allergies. The claimant returns today for follow up of his chronic low back pain. He has asked us to begin taking over his Hydrocodone prescriptions. He believes he is taking 7.5/500 and gets a prescription for 60 to 90 tablets with several refills from his usual physician. This is being taken to treat the worker's compensation claim to his low back and bilateral hips. Therefore, the evaluator believes it should be

covered by worker's compensation. The claimant has been on long-term anticoagulation and is not a candidate for anti-inflammatory medications or other more aggressive interventions. The evaluator felt that his chronic narcotic management at the current rather low dose is both reasonably necessary and appropriate. On examination, this is a well-developed, well-nourished Caucasian male in no acute distress. He is oriented to person, place, time and situation. Mood and affect are appropriate. Lumbar spinal alignment is intact. Lumbar lordosis is well maintained. Iliac crests are level. Lumbar motion is mildly restricted in flexion, extension, rotation and side bending. Mild diffuse tenderness is noted throughout the low back. No focal neurologic deficits are noted in the lower extremities. The evaluator provided the claimant with a prescription for Lortab. He claimant is to be seen in 3 months. The evaluator recommended renewal of his yearly membership to lifetime fitness, which was denied.

Letter of reconsideration dated 5-17-09 provided by MD., notes the evaluator was in receipt of a peer review regarding his patient dated April 14, 2009 with respect to our request for a 1-year health club membership. This has been denied because there is no documentation supporting ODG criteria that treatment needed to be monitored and administered by medical professionals. The evaluator noted that the entire situation has gotten a bit out of hand. The claimant's use of home exercise program (unsupervised) through a gym where he has access to appropriate exercise equipment that he does not have at home has been a longstanding issue for him. Indeed, this has been pre-authorized on several occasions all of which have predated the use of the ODG by the Texas Department of Insurance. This has created a situation now where we have to have asked for pre-authorization for this rather inexpensive treatment which has clearly been shown to reduce this patient's use of medical resources and continue to maintain his functional capacity. We have now created a situation where the carrier has spent more money on denial of preauthorization through the peer review process than the cost of the treatment would.

On 4-14-09 Non-certification provided by DO., for 1 year club membership. The evaluator reported that there is not enough information in the clinical notes sent for review that will indicate the necessity of this patient's health club membership. This request represents unsupervised, unmonitored exercise and is not consistent with medically necessary service. Medical necessity and appropriateness of the request is not substantiated. While exercise is generally considered beneficial, it is not necessary from a medical standpoint for one to obtain his/her exercise in a commercial gymnasium or other specialized facility. Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines, this request for 1 year Health Club Membership is non-certified.

On 4-20-08, MD., provided a letter. He noted the claimant has been a patient of our practice since 2004 for current treatment of injuries sustained in his low back and bilateral hips on 4-3-01. We have requested a renewal of his 1-year health club membership in the past, which apparently has been denied. The evaluator noted he had no record of the denial letter, but would like to request reconsideration of this prescription. The claimant has managed his pain effectively through a program of home

exercise over a number of years. He has had a carrier funded health club membership now for the past 2 years which was considered both reasonable and necessary per his treating physician at that time as well as by, M.D., who had reviewed the case. The use of this exercise program has continued to make the claimant more functional and has minimized his utilization of medical services. As such, the evaluator believed it is a cost-effective alternative for treatment in this particular case, though it is not specifically addressed in the ODG guidelines.

On 4-28-09, Non-certification provided for Appeal of a 1-year gym membership. The evaluator noted that ODG does not support the use of health club membership. Dr. was not available to perform a peer to peer. The evaluator noted that based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request for 1 year Health Club Membership is not medically necessary.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.**

Based on the medical record provided, the claimant has chronic low back pain and has undergone bilateral hip replacement. The claimant has been treated with medications, physical therapy, and pain management program and has been authorized in the past with gym membership for continued strengthening, prior to the implementation the ODG Guidelines. According to current evidence based medicine, gym memberships are not recommended as it is not administered by medical professionals and is unsupervised without monitoring or measures of functional improvement. There is no unusual circumstances noted that would supersede the use of the ODG Guidelines. Therefore, the request for Gym Membership is not certified.

**ODG-TWC, last update 5-28-09 Occupational Disorders of the Lumbar spine – Gym Membership:** 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. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment, and are therefore not covered under these guidelines.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- INTERQUAL CRITERIA
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TEXAS TACADA GUIDELINES
- TMF SCREENING CRITERIA MANUAL
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)