

I-Resolutions Inc.

An Independent Review Organization
71 Court Street
Belfast, ME 04915
Phone: (512) 782-4415
Fax: (512) 233-5110
Email: manager@i-resolutions.com

DATE OF REVIEW:

May/30/2009

IRO CASE #:**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Health Gym Membership at YMCA; 1 year

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

MD, Board Certified in Orthopedic Surgery

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

ODG Guidelines and Treatment Guidelines

Determination Letters, 4/23/09, 5/12/09

MD, 2/10/09, 3/17/09

Letter from Law Firm LLP, 4/20/09, 11/5/08

MD, 10/2/08

PATIENT CLINICAL HISTORY SUMMARY

This is a injured worker, injured years ago, on xx-xx-xx. He had a lumbar spine fusion in 1998. Records reviewed indicate he has an L3-4 disc protrusion. His pain has been managed with pain medication and physical therapy. He continues to have back and leg pain. He is not a candidate for surgery. In October 2008, Dr. recommended "YMCA-type aqua therapy." The request for gym membership at the YMCA (in order to give the patient access to aqua therapy) for one year is the subject of this review.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION

The previous reviewers have denied the requested service on the basis that it does not meet ODG Guidelines. A careful review of the Guidelines' recommendation with regard to gym programs reveals that the previous reviewers are indeed correct. The reviewer cannot locate any information in the records provided to justify a divergence from the mandated guidelines.

The ODG Guidelines specifically state 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. There is no information presented in the medical records documenting the success or failure of a home exercise program in this patient's case.

Further, the ODG states that treatment “needs to be monitored and administered by medical professionals.” *“While an individual exercise program is recommended, more elaborate personal care where outcomes are not monitored by healthcare professionals, such as gym memberships or advanced home exercise equipment, may not be covered under the Guidelines, although temporary transitional exercise programs may be appropriate for patients who need more supervision.”*

The guidelines state that 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 gym membership that is the subject of this review is a medically unsupervised program. There is no information presented in the medical records documenting the success or failure of a home exercise program in this patient’s case. The request does not meet the guidelines. The reviewer finds that medical necessity does not exist for Health Gym Membership at YMCA; 1 year.

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

ACOEM-AMERICA 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)