



**CLAIMS EVAL**

*Utilization Review and  
Peer Review Services*

**DATE OF REVIEW: 5-14-09**

**IRO CASE #:**

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

One year gym membership

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

American Boards of Physical Medicine and Rehabilitation and Pain Management

**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**

- 4-9-08 MRI of the lumbar spine.
- 3-12-09, DC., office visit.
- 4-1-09 Utilization Review.
- 4-18-09 Utilization Review.

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

MRI of the lumbar spine dated 4-9-08 shows a broad based central disc protrusion at L2-L3 leading to moderate stenosis of the spinal canal. Posterior changes of bilateral laminectomy and anterior and posterior fusion from L4 to S1. Enhancing scar tissue is noted within the epidural space at L5-S1 with encasement of the bilateral S1 nerve roots.

Follow up visit with DC., on 3-12-09 notes the claimant is still having difficulty with her low back. She does report that she was in the hospital for three days due to some gastric problems. She did see Dr and he is of the opinion that she is probably suffering from a short in one of the leads relate to her dorsal column spinal stimulator. He wants to try to replace that but does not plan to do it for about another three months. On evaluation, she has decreased perception of pinwheel vibration in the lower extremity compared to the right. Her reflexes are 2+ and brisk but for the left Achilles. She has to wear her AFO because of the L foot drop and it is observed that when she tries to stand on toes and heels that she does indeed have a notable foot drop on the left. Lumbar rotary extension procedures are painful bilaterally and she has marked severe spasm in the lumbar paraspinal muscles. Lumbar flexion is limited at 40 degrees and extension is about 5. She has had trouble with decreased activities secondary to her back pain. The evaluator felt it would be reasonable to try to see if she can have an approval for one year membership at a gym such as Spectrum at YMCA where she can get into a pool even during, the cooler weather and do those activities as long as with similar lighter exercises.

On 4-1-09, an adverse determination was obtained for the request of 1-year gym membership. The provider reported that even though the claimant has a post laminectomy syndrome with a failed dorsal column stimulator. The use of a gym membership is not consistent with ODG protocol especially if there has not been an established exercise regimen for her to do. There was no discussion of her performance of a prior aquatic program. The request is not approved as submitted.

On 4-18-09, a denial to the appeal to the adverse determination was provided. The evaluator reported the date of injury is listed as 6-11-03. There are documented symptoms of low back pain. A lumbar MRI obtained on 4-8-08 revealed findings consistent with previous surgery from the L4 to S1 levels. At the present time, for the described medical situation, Official Disability Guidelines do not provide any data to

support a medical necessity for utilization of a health club membership. Presently, medical necessity for this specific request would not appear to be established for the described medical situation.

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

With regards to a gym membership, this is not medical treatment. It is a fitness program. Fitness programs are generally not recommended by state or federal programs because they do not represent medical treatment and they are not administered by a licensed physical therapist one on one, as is required for physical therapy. For example, TriCare Guidelines, which administers Champus for retired military benefits, Policy Manual 6010.54 states specifically these services are not covered: 1) general exercise programs even if recommended by a physician; 2) repetitive exercise to improve gait, maintain strength or endurance; 3) range of motion passive exercises; and 4) maintenance physical therapy after a therapy program has been designed. Non-certification is provided.

**ODG-TWC, last update 5-11-09 Occupational Disorders of the Low Back – 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. For more information on recommended treatments, see Physical therapy (PT) & Exercise.

**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):** Tricare Guidelines