

Case Number:	CM13-0003566		
Date Assigned:	12/11/2013	Date of Injury:	03/28/2009
Decision Date:	01/27/2014	UR Denial Date:	07/17/2013
Priority:	Standard	Application Received:	07/26/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Sports Medicine, and is licensed to practice in New York. 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 physician 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:

This patient is a 57 year old female who reported an injury on 03/28/2009. Notes indicate that the patient has complaints of chronic low back pain, chronic mid back pain, sacroiliac joint pain, headaches, and psychological stress. Currently under consideration is a request for a gym membership with pool access for six months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership with pool access for six months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines section on Health Clubs.

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

Decision rationale: The MTUS Chronic Pain Guidelines recommend exercise. There is strong evidence that exercise programs, including aerobic conditioning and strengthening, are 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. The

Official Disability Guidelines do not support gym memberships unless a home exercise program has not been effective and it is monitored and administered by a medical professional. The documentation submitted for review indicates that the patient had complaints of continued low back pain and bilateral calf pain described as burning. The patient rated her pain as 10/10 without medications and 7/10 with pain medications and self-treatment. While the MTUS Chronic Pain Guidelines support the recommendation of exercise programs, there remains no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. Furthermore, as the Official Disability Guidelines do not support the recommendation for gym memberships, regarding treatment that is not monitored and administered by a medical professional, the recommendation for a gym membership is not supported. Given the above, the request for a gym membership with pool access for six months is not medically necessary and appropriate.