

Case Number:	CM13-0004791		
Date Assigned:	05/02/2014	Date of Injury:	08/20/2002
Decision Date:	06/10/2014	UR Denial Date:	07/10/2013
Priority:	Standard	Application Received:	07/24/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 patient is a 63 year old female who was injured on 08/20/2002. The patient states she was doing a 2 hour wound care dressing change for a patient at work and experienced increased back pain. Physical therapy discharge summary dated 04/07/2014 reports the patient complains of low back tightness when she increases the intensity of her work out. On exam, lumbar AROM is functional. Her SI evaluation is negative. Panel qualified medical re-evaluation note dated 02/06/2013 indicates the patient is diagnosed with multilevel disc protrusions at L3-S1, status post L5-S1 microdiscectomy, lumbar radiculopathy, and residuals of grade II left ankle sprain. She has continued to have intermittent flare-ups of her low back pain. She has predominant axial back pain which occasionally radiates to her right buttock. Associated symptoms included persistent left leg, dorsal greater planter foot numbness, and paresthesias. Her left ankle pain from the previous sprain has practically resolved. On physical examination, there is full lumbar range of motion in all planes except for extension, which remains limited at 20 degrees secondary to inflexibility and mild pain provocation. There is residual midline scar (status post L5-S1 microdiscectomy). There is mild lumbar paraspinal spasm. She has negative bilateral lumbar facet maneuver. There is left greater than right SI joint tenderness. There is negative bilateral SI joint stress test. Bilateral straight leg raise test is negative; Bilateral Patrick test is negative. There is negative bilateral Freiberg test; Passive piriformis stretch testing is negative; Resisted piriformis stress testing is also negative. Neurologic examination reveals grade 5/5 motor strength which is improved; includes increased strength in the left tibialis anterior and peroneus longus/brevis. DTRs are 2+ and symmetric. There is normal tone; negative clonus. Her sensory examination reveals resolution of deficits to light touch in the left L5-S1 distribution. There is normal proprioception. There is resolute of an antalgic gait and there is no

gross atrophy. The patient has been recommended six sessions of supervised physical therapy and it is recommended that the patient's gym membership is extended for another year.

IMR ISSUES, DECISIONS AND RATIONALES

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

GYM MEMBERSHIP X 1 YEAR: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Gym Memberships.

Decision rationale: The Official Disability Guidelines (ODG) does not recommend prescription of gym memberships unless there is documented home exercise program with periodic assessment and revision has not been effective or special equipment is needed. In this case, the medical records do not document any form of a prescriptive home exercise program, including no information regarding periodic assessment and revision. In addition, there is no documentation of a need for special gym equipment. Therefore, the request for a gym membership for 1 year is not medically necessary and appropriate.