

Case Number:	CM13-0009216		
Date Assigned:	03/19/2014	Date of Injury:	05/25/2011
Decision Date:	04/14/2014	UR Denial Date:	08/02/2013
Priority:	Standard	Application Received:	08/09/2013

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 & Rehabilitation 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:

This is a 50-year old female with a date of injury of 5/25/11. Mechanism of injury appears to be repetitive motion. She has had extensive treatment for diagnoses that include lumbalgia/lumbar disc, CTS, cervical degenerative disc disease and overuse syndrome. Care has included therapy, medications and cognitive behavioral therapy. A request was made for a gym membership, and this was submitted to Utilization Review. On 8/02/13, UR denied a gym membership as it is not supported by guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

GYM MEMBERSHIP: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Gym memberships.

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

Decision rationale: The Expert Reviewer's decision rationale: Gym memberships are not medical treatment or standard of care, and unsupervised exercise in patients with medical issues

and no direct feedback to the healthcare provider can result in worsening the condition. Gym memberships are not recommended by guidelines and are not required for an effective home exercise program. A gym membership is not medically necessary.