

Case Number:	CM13-0009382		
Date Assigned:	09/11/2013	Date of Injury:	12/15/2009
Decision Date:	07/23/2014	UR Denial Date:	07/12/2013
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 Internal 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 an injured worker with a lumbar back condition. The date of injury was 12-15-2009. A comprehensive medical-legal evaluation report dated July 12, 2013 was provided by the provider. Subjective complaints include bilateral low back pain radiating into the left buttock, left posterior thigh, and calf. Past surgical history includes left L4-L5 microdiscectomy on August 2010. Physical examination reveals well-developed male who is alert and in no acute distress, height 6 feet 3 inches, weight 220 pounds. Lumbar ranges of motion were restricted by pain in all directions. There is tenderness upon palpation of the left lumbar paraspinal muscles. Lumbar flexion was worse than lumbar extension. Lumbar discogenic provocative maneuvers were positive. Nerve root tension signs were negative bilaterally, except straight leg raise was negative on the right and positive on the left. Muscle stretch reflexes are one and symmetric bilaterally in the lower extremities. Clonus, Babinski's, and Hoffmann's signs are absent bilaterally. Muscle strength is 5/5 in the bilateral lower extremities, except for 4+/5 strength in the left tibialis anterior and left peroneals and 4/5 strength in the left extensor hallucis longus. Sensation is decreased to light touch, pinprick, proprioception, and vibration in the left L5 dermatome. Tandem walking was within normal limits and there was reduced balance in heel and toe walking with antalgic gait. The diagnoses are: status post percutaneous spinal cord stimulator trial, left L4 and left L5 radiculopathy, central and left paracentral disc protrusion at L4-L5 measuring 2-3mm with mild bilateral neural foraminal stenosis, disc bulge at L3-L4 measuring 1-2 mm, lumbar facet joint arthropathy, failed back surgery syndrome, Status post left L4-L5 microdiscectomy with epidural fibrosis, status post hemilaminectomy, and lumbar sprain/strain. The recommendations: "I appeal the denial for the one year gym membership for aquatic exercises and physical fitness to continue his aquatic home exercise program from aquatic physical therapy. He has failed land-based physical therapy and therefore his land-based

home exercise program is not sufficient to continue increasing strength and mobility status post stimulator implant. He also needs access to a recumbent bike at the gym. The patient's program would include 30 minutes of riding stationary recumbent bike two to three times a week and thirty minutes aquatic exercises two to three times a week for one year." A utilization review dated 07-12-2013 recommended non-certification of the request for a one year gym membership.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE YEAR GYM MEMBERSHIP FOR AQUATIC EXERCISE AND PHYSICAL FITNESS: 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 Chapter, 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 - Lumbar & Thoracic (Acute & Chronic), Gym memberships.

Decision rationale: The MTUS guidelines do not address gym membership. The medical records do not contain physical therapy (PT) progress notes. The patient is 6 feet 3 inches, weight 220 pounds with a body mass index (BMI) of 27.5 and is not obese. Tandem walking was within normal limits. The patient is ambulatory. The Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) states that gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment, and are therefore not covered under these guidelines. Gym memberships or advanced home exercise equipment may not be covered under the ODG guidelines. The clinical guidelines and medical records do not support the medical necessity of gym membership. Therefore, the request for one year gym membership for aquatic exercise and physical fitness is not medically necessary and appropriate.