MAXIMUS Federal Services

Case Number:	CM13-0009999		
Date Assigned:	09/24/2013	Date of Injury:	05/06/2013
Decision Date:	01/24/2014	UR Denial Date:	07/18/2013
Priority:	Standard	Application Received:	08/16/2013

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 Orthopedic Surgery 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 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:

The patient is a 31-year-old gentleman who was injured in a work-related injury on 05/06/13. Clinical records for review include complaints of both cervical and lumbar spinal pain. Recent clinical assessments include a document from one treating physician, dated 08/06/13, indicating follow-up of a cervical and thoracic MRI scan that showed minimal disc bulging at T4-5 and T8-9 as well as minimal disc osteophyte complex at C3-4. Physical examination findings showed tenderness of the thoracic spine to palpation with diminished range of motion, normal gait pattern, and no documentation of neurologic findings. Records indicate that the claimant was treated conservatively, including medication management, activity restrictions and a course of formal physical therapy. The most recent assessment showed the claimant's working diagnosis to be sprain of the cervicothoracic region. There was a request for a six month gym membership for further treatment in this case for the claimant to pursue independent rehabilitation.

IMR ISSUES, DECISIONS AND RATIONALES

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

A gym membership for 6 months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back - Lumbar and Thoracic (Acute and Chronic updated 05/10/13): Gym memberships.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment in Worker's Comp, 18th Edition, 2013 Updates: low back procedure - Gym memberships.

Decision rationale: California MTUS Guidelines recommend transition to a home exercise program; they do not mention use of a gym membership. When looking at Official Disability Guidelines criteria, a six-month gym membership would not be supported. Official Disability Guidelines typically does not consider lifestyle choices (such as a gym membership) equivalent to medical treatment. The benefits of a gym membership would go far beyond the claimant's current working diagnosis and complaints. This would be considered a form of activity that would be a lifestyle choice beyond the context of the claimant's work-related diagnosis alone. The specific role of a six-month membership for a gym would not be indicated.