

Case Number:	CM13-0011428		
Date Assigned:	11/01/2013	Date of Injury:	01/28/1999
Decision Date:	06/04/2014	UR Denial Date:	08/07/2013
Priority:	Standard	Application Received:	08/15/2013

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 and Rehabilitation, has a subspecialty in Interventional Spine 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 68- year-old female with an injury date of 01/28/99. Based on the 04/15/14 progress report by [REDACTED], the patient complains of back pain with radiation to both buttocks, lateral thighs, calves, and to the ankles (pain in greater on left side than right). She has persistent numbness in the right foot and right calf, associated with bilateral ankle swelling when weight-bearing after an hour. The patient's diagnoses include the following: 1. Chronic low back pain with mild right L5-S1 radiculitis 2. Lumbosacral MRI findings from November 2002, showing mild degenerative changes at L3-L4 and L4-L5 and severe degenerative disc space narrowing at L5-S1 (per [REDACTED] 2003 QME) 3. Computerized tomography (CT) disco gram from December 2002, which showed non-painful discs at L3-L4 and L4-L5 and a painful disc at L5-S1 rated 8 out of 10 (per [REDACTED] 2003 QME) [REDACTED] is requesting gym membership with pool access. The utilization review determination being challenged is dated 08/07/13, and recommends a denial of the gym membership with pool access. [REDACTED] is the requesting provider, and he provided three (3) treatment reports from 01/28/13, 03/18/13, and 04/15/13.

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 QTY: 1.00: 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), WORK LOSS DATA INSTITUTE, TREATMENT IN WORKERS COMPENSATION, 7TH EDITION, TREATMENT INDEX; LOW BACK (UPDATED 02/20/12).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) ODG GUIDELINES ON GYM MEMBERSHIP FOR LOW BACK CHAPTER.

Decision rationale: According to the 04/15/14 progress report by the treating physician, the patient presented with back pain with radiation to both buttocks, lateral thighs, calves, and to the ankles (pain in greater on left side than right). The patient has persistent numbness in the right foot and right calf associated with bilateral ankle swelling when weight-bearing after an hour. The request is for gym membership with pool access. The treater does not provide the report with the request. The treating physician did not give any rationale as to why the exercise cannot be performed at home, what special needs there are for a gym membership and how the patient is to be supervised during exercise. The Official Disability Guidelines indicate that a gym membership is not recommended as a medical prescription "unless a documented home exercise program with periodic assessment and revision has not been effective and there is need for equipment." In this case, there are no discussions regarding a need for a special equipment and failure of home exercise, as well as why a gym is needed to accomplish the needed exercises. Recommendation is for denial.