

Case Number:	CM13-0012529		
Date Assigned:	06/20/2014	Date of Injury:	04/23/2009
Decision Date:	08/05/2014	UR Denial Date:	07/29/2013
Priority:	Standard	Application Received:	08/13/2013

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:

PR-2 progress report 07-17-2013 documented subjective neck, left shoulder, right hand/wrist, low back, right lower extremity complaints. Patient completed 10 out of 12 physical therapy sessions. Diagnoses: Cervical strain/sprain; Cervical spine with underlying, multi-level degenerative disc disease; Cervical spine disc bulges, 3-4 mm at C5-6 with moderate right-sided foraminal narrowing, and 3 mm at C6-7, per MRI 07/21/09; Right shoulder impingement syndrome; Right carpal tunnel release on 07/13/12; Left wrist carpal tunnel release, 2/5/13; Probable right thumb carpometacarpal joint arthritis; Right ring finger stenosing tenosynovitis also known as trigger finger; Right ring finger trigger release, date of surgery 4/26/13; Lumbar strain/sprain with intermittent sciatica; Lumbar spine, 3-4 mm disc bulges at L2-3, L3-4 and L4-5, per MRT 07/21/09; Lumbar spine 4.5 mm central posterior disc protrusion at L2-3 with moderate thecal sac indentation, 3 mm disc bulge at L5-S1 with mild thecal sac indentation, 4 mm left lateral disc protrusion at L4-5, multilevel discogenic disease with a mild anterolisthesis at L4-5, per MRI 4/17/13. Date of injury was 04-23-2009. Utilization review decision date was 07-29-2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym Membership, gym with pool and jacuzzi: 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) Gym memberships.

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

Decision rationale: Medical treatment utilization schedule (MTUS) does not address gym membership. Official Disability Guidelines(ODG) Low Back - Lumbar & Thoracic (Acute & Chronic): Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment, and are therefore not covered under these guidelines. ODG guidelines state that gym memberships are not considered medical treatment, and do not support the medical necessity of gym memberships. Therefore, the request for gym membership, gym with pool and jacuzzi is not medically necessary.

GYM MEMBERSHIP, GYM /C POOL AND JACUZZI: 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) Gym Memberships.

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

Decision rationale: Medical treatment utilization schedule (MTUS) does not address gym membership. Official Disability Guidelines(ODG) Low Back - Lumbar & Thoracic (Acute & Chronic): Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment, and are therefore not covered under these guidelines. ODG guidelines state that gym memberships are not considered medical treatment, and do not support the medical necessity of gym memberships. Therefore, the request for gym membership, gym /C pool and jacuzzi is not medically necessary.