

Case Number:	CM13-0013152		
Date Assigned:	12/11/2013	Date of Injury:	08/15/2002
Decision Date:	09/05/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	08/19/2013

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 Occupational 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:

This is a 51-year-old male with a date of injury of 8/15/02. The mechanism of injury was not noted. On 3/8/13 he complained of back pain rated a 4/10. On exam, he had tenderness to palpation of the lumbar facet joints. The straight leg raise and range of motion was normal. There was no spasm. The diagnostic impression is myofascial pain syndrome, chronic thoracic pain, lumbar pain, and chronic pain. Treatment to date include physical therapy, home exercise program, medication management A UR decision dated 8/6/13 denied the request for a 6 - month gym membership for self guided swimming exercise. This gym membership for self-guided swim exercise was denied because guidelines do not recognize gym membership as a medical prescription. The patient should continue to perform a home exercise program learned in previous PT (physical therapy) to prevent further pain and dysfunction.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Months gym membership for guided swimming exercise: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low back Chapter: Gym Membership.

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 Chapter: Gym Memberships.

Decision rationale: The California MTUS does not address this issue. The Official Disability Guidelines does not recommend gym memberships unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. In addition, treatment needs to be monitored and administered by medical professionals. However, there is no evidence that attempts at home exercise were ineffective. There is no evidence that the patient would require specialized equipment. There is also no indication that treatment will be administered and monitored by medical professionals. In addition, gym memberships, health clubs, swimming pools, athletic clubs, etc are not generally considered medical treatment. However, guidelines do not support gym memberships unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. There is no documentation, which the patient cannot, and has failed a home exercise program or failed the physical therapy sessions. Therefore, the request for a 6-month gym membership for self-guided swimming exercise is not medically necessary.