

Case Number:	CM13-0015751		
Date Assigned:	07/02/2014	Date of Injury:	01/04/2002
Decision Date:	08/05/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	08/23/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 injured worker is a 62-year-old female with a reported date of injury of 01/04/2002. The mechanism of injury was noted to be a slip and fall. Her diagnoses are noted to include chronic low back pain, bilateral sacroiliac joint pain, lumbar facet joint pain, chronic neck pain, cervical facet joint pain, traumatic brain injury, and post concussion syndrome. The progress note dated 07/10/2014 revealed the injured worker complained of low back and bilateral hip pain with numbness after being sick in bed for 3 weeks. The injured worker reported pain radiating into both hips, knees, and ankles. Her pain fluctuated, but was present 100% of the time and worsened by activity and being sedentary. The injured worker rated her low back pain as 8/10. The physical examination revealed tenderness to the lumbar facet joints and active range of motion was noted to be flexion was to 38% with pain, extension was to 22% with stiffness and pain, left lateral flexion was to 36%, and right lateral flexion was to 75%, rotation was noted to be 40% on the right and 35% on the left. The provider reported a positive straight leg raise on the right and a positive Yoeman's, Milgram's, and Kemp's bilaterally in the lumbar facet joints. Motor strength was rated 5/5 bilaterally and numbness was noted in the L4-5 dermatome and diminished reflexes at the left Achilles.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROSPECTIVE REQUEST: ONE (1) YEAR GYM MEMBERSHIP BETWEEN 6/18/2013 AND 8/7/2014: Upheld

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

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, GYM memberships.

Decision rationale: The injured worker does have decreased range of motion and lumbar pain. The Official Disability Guidelines does not recommend gym memberships as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals. With unsupervised programs there is no information flow back to the provider, so he can make changes to the prescription, and there may be risk of further injury to the patient. Gym memberships, health clubs, swimming pools, athletic clubs, etc. would not generally be considered medical treatment and therefore are not covered under the Official Disability Guidelines. There is a lack of documentation regarding any type of exercise program, and the ODG does not recommend gym memberships due to the lack of medical supervision. As such, the request is not medically necessary and appropriate.