

Case Number:	CM13-0021768		
Date Assigned:	12/13/2013	Date of Injury:	12/11/2001
Decision Date:	08/26/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/09/2013

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 Pain Management and Rehabilitation 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:

The injured worker is a 34-year-old-male with a date of injury 12/11/2001. No mechanism of injury was mentioned. He complains of lower backache and bilateral knee pain. His pain level has remained unchanged since last visit and he has no new problems or side-effects. Medications include Lodine, Protonix, Docusate, Ambien, Flexeril, Hydrocodone and Opana. Failed medications were MS Contin, Oxy Contin and Exalgo due to side effects. On examination the patient appears to be calm and in mild pain. His gait is antalgic, slowed and wide-based and he does not use assistive devices. On lumbar spine examination, the range of motion is restricted with pain. On palpation, paravertebral muscles, spasm, tenderness and tight muscle band is noted on both sides. A hip examination on the left showed that there is tenderness noted over the SI (sacroiliac) joint. FABER test and Patrick's sign were positive. On right knee exam there is tenderness to palpation noted over the lateral joint line and medial jointline. Diagnoses are lumb/lumbosac disc generation, hip pain, chronic back pain, knee pain and sacroiliities. On 01/26/2011 and 03/03/2010 the patient had right sacroiliac joint steroid injection. On 12/17/2002 the patient had left knee arthroscopy w/ medial meniscal repair, partial lateral emniscectomy and left knee joint block. Previous UR request for 12 month GYM Membership was denied due to lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 MONTH GYM MEMBERSHIP WITH ACCESS TO POOL FOR HEP PROGRAM:

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 Memberships.

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

Decision rationale: ODG - Gym membership: Low Back: Not recommended 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. While an individual exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment, may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision. With unsupervised programs there is no information flow back to the provider, so he or she can make changes in 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 are therefore not covered under these guidelines. At this juncture, it is reasonable that the patient should be well versed in a self-directed home exercise program. The guidelines support that functional improvements can be obtained safely and efficiently with a fully independent home exercise program and self-applied modalities which does not require access to a gym or health club. In this case, the criteria are not met. Therefore, the requested service is not medically necessary.