

Case Number:	CM13-0023551		
Date Assigned:	06/06/2014	Date of Injury:	05/18/2012
Decision Date:	07/29/2014	UR Denial Date:	09/05/2013
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 Physical Medicine 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 57-year-old female who reported an injury on 05/18/2012. The mechanism of injury was not provided for clinical review. The diagnoses include lumbar spondylosis at L4-5 and L5-S1, neural encroachment right L3-4 with radiculopathy, and right TMJ. Previous treatments include injections, medication, physical therapy, home exercise, stretching, activity modification, and heat. Within the clinical note dated 12/26/2014, reported the injured worker complained of low back pain with right greater than left lower extremity symptoms. The injured worker rated her low back pain 7/10 in severity. She complained of right elbow pain, which she rated 5/10 in severity. The injured worker also complained of cervical pain which she rated 5/10 in severity. Upon the physical examination, the provider noted tenderness of the lumbar spine. The lumbar range of motion remained limited due to pain. He indicated the injured worker had spasms of the lumbar paraspinal musculature which had decreased. The injured worker had tenderness of the right TMJ. The provider requested an outpatient 1 year gym membership with pool access. However, a rationale was not provided for clinical review. The request for authorization was not submitted in the clinical documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT ONE YEAR GYM MEMBERSHIP WITH POOL ACCESS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 Membership.

Decision rationale: The request for an outpatient 1 year gym membership with pool access is not medically necessary. The injured worker complained of low back pain with right greater than left lower extremity symptoms. She rated her low back pain 7/10 in severity. She complained of right elbow pain, and cervical pain which she rated 5/10 in severity. The Official Disability Guidelines do not recommend a gym membership as a medical prescription unless a documented home exercise program with periodic assessment and revision has been effective and there is need for equipment. Plus, treatments need to be monitored and administered by the medical professionals. While the individual exercise program is, of course, recommended, more elaborate personal care for outcomes are mentioned by a healthcare professional such as a gym membership or advanced home exercise equipment may not be covered under the guidelines. Gym memberships, health clubs, swimming pools, and athletic clubs would not generally be considered medical treatment and therefore not covered under the guidelines. There is a lack of significant documentation indicating the injured worker's home exercise program with periodic assessment had been ineffective. The documentation submitted for review did not provide an adequate clinical rationale as to the ineffectiveness of the home exercise program or for the need for specific gym equipment. The provider failed to document an adequate and complete assessment of the injured worker's functional condition. Additionally, the guidelines do not recommend outpatient gym memberships. Therefore, the request for an outpatient 1 year gym membership with pool access is not medically necessary.