MAXIMUS Federal Services

Case Number:	CM13-0026634		
Date Assigned:	11/22/2013	Date of Injury:	11/03/2004
Decision Date:	03/20/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/19/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Florida. 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 physician 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 patient is a 36-year-old male who reported a work-related injury on 11/3/04. The patient was cutting sheet metal, turned from his station to get more sheet metal, and as he turned, he had immediate pain in his low back. The patient had low back pain radiating into the buttocks, rated at 6-7/10. It comes down to a 4-5/10 with pain medications. The patient indicated he wants to have a place to exercise and get his body in better shape. Objectively, the patient moves slowly and stiffly with the lumbar spine. The patient was unable to walk on his toes. The reflexes were trace in the lower extremities. Strength was decreased to 4-5/10 bilaterally. The patient was noted to have gone back to work. Diagnoses were low back pain, status post left knee surgery for ACL repair in 2012, status post left hand injury with puncture wound through the palm, and surgical repair of the palmar ligament in July 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

six-month gym membership: 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

Decision rationale: The Official Disability Guidelines indicate that gym memberships, health clubs, swimming pools, and athletic clubs are not generally considered to medical treatment, and are not covered. The clinical documentation indicated the patient wants to have a place to exercise and get his body in better shape. The patient moved slowly and stiffly, however, there was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. Given the above, the request for a six-month gym membership is not medically necessary.