

Case Number:	CM13-0027396		
Date Assigned:	11/22/2013	Date of Injury:	04/22/2004
Decision Date:	02/10/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	09/20/2013

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 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 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 47-year-old male with date of injury 4/22/2004. Since the injury he has accumulated the following diagnoses; Disc Disorder Lumbar, Cervical Facet Syndrome, Post Lumbar Laminectomy Syndrome, Chronic Pain Syndrome, Piriformis Syndrome (Left), Generalized Osteoarthritis, Low Back Pain, Trochanteric bursitis (Right), Myofascial Pain Syndrome, Insomnia, Left Thigh Numbness Possible Meralgia Paresthetica. The patient was last seen by [REDACTED] on 09/10/2013 for an exacerbation of his low back pain and left buttock pain after lifting pallet. Lumbar examination at the time is as follows: Range of motion is restricted with flexion limited to 50 degrees, extension limited to 30 degrees, right lateral bending limited to 25 degrees and left lateral bending limited to 25 degrees due to pain. On palpation, paravertebral muscles, spasm, tight muscle band and trigger point (a twitch response was obtained along with radiating pain on palpation) is noted on both the sides. Straight leg raising test is positive on both the sides in sitting at 50 degrees. Normal motor exam, normal reflex exam, and diminished light touch sensation in the C5 dermatome.

IMR ISSUES, DECISIONS AND RATIONALES

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

A Prospective Gym Membership: 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 - Lumbar & Thoracic (Acute & Chronic), Hip & Pelvis (Acute & Chronic).

Decision rationale: The Physician Reviewer's decision rationale: 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. For more information on recommended treatments, see Physical therapy (PT) & Exercise.