MAXIMUS Federal Services

Case Number:	CM13-0028117		
Date Assigned:	11/22/2013	Date of Injury:	10/07/2010
Decision Date:	02/14/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	09/23/2013

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 Family Practice, 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 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 41-year-old male who reported an injury on 10/7/10. The mechanism of injury was not provided for review. The patient developed chronic low back pain with radicular symptoms. Previous treatments included therapy, modification of activities, medications, and epidural steroid injections. The patient's physical findings included decreased range of motion of the lumbar spine secondary to pain, tenderness to palpation, normal sensation of the bilateral lower extremities with 5/5 motor strength. The patient's diagnoses included left L4-5 disc herniation that is considered recurrent, back pain and left leg pain, radiculopathy, and cervicogenic headaches.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 clinical documentation submitted for review states that the patient has continued deficits that can be addressed by a home exercise program. The Official Disability

Guidelines do not recommend a medical prescription for a gym membership unless the patient has failed to progress while participating in an unsupervised home exercise program. Additionally, it is stated that "gym memberships, health clubs, swimming pools, athletic clubs, etc would not generally be considered medical treatment and are therefore, not covered under these guidelines." The clinical documentation submitted for review does not provide evidence that the patient has failed to progress in a home exercise program and requires the need for exercise equipment that cannot be used in the home. As such, the requested gym membership is not medically necessary or appropriate.