MAXIMUS Federal Services

Case Number:	CM13-0033121		
Date Assigned:	12/06/2013	Date of Injury:	06/28/2007
Decision Date:	02/04/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/09/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 27 year old left-handed clerk with a chief complaint of mid-low back pain. This was a specific event injury that occurred on 6/28/07. Per 3/13/13 documentation on 6-28-07 when the patient attempted to lift a case of bottled water off the floor he injured himself. He describes the mid-low back pain as sharp, stabbing, burning, sore and weak. There is also occasion shooting pain. The pain occurs bilaterally with the left side more severe than the right side. He mentioned that the injury initially affected the left side only. During the consultation; he described that the pain descends down as far as the left knee only. The pain occurs on a constant basis and he rates it a 10, on a scale of 1-10. with 10 being unbearable. Prolonged (greater than 30 minutes) of standing or sitting, lifting greater than 10 pounds, bending, and running (an activity he no longer does) are aggravating factors, while temporary periods of sitting or lying down, doing stretches as well as exercises at a gym (as a result from a doctor's prescription) that includes free weights, machines, lat pulldowns, back extensor exercises and treadmill (for 10 minutes), provide relief.

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 (ODG), Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98. Decision based on Non-MTUS Citation ODG, Low back Chapter, Gym memberships

Decision rationale: A six month gym membership is not medically necessary per MTUS and ODG guidelines. While the MTUS does not specifically address gym memberships it does address the face that active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices.(Colorado, 2002) (Airaksinen, 2006) Additionally the ODG states that gym memberships are 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.