

Case Number:	CM13-0033202		
Date Assigned:	12/06/2013	Date of Injury:	05/03/2010
Decision Date:	02/13/2014	UR Denial Date:	09/27/2013
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 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 64 year old male with date of injury 05/03/10. He is currently under the care of [REDACTED]. He was last seen in [REDACTED] office on 12/12/2013. At that time, [REDACTED] assigned the following diagnoses to the patient: Cervical Radiculopathy, Lumbar Radiculopathy, Low Back Pain, Cervical Pain, Carpal Tunnel Syndrome, and Ulnar Neuropathy. During that visit the patient complained of neck pain radiating from neck down both arms and back pain radiating from low back down the left leg. Physical examination revealed a motor strength of grip is 5-/5 on right and 5/5 on left, elbow flexor's is 5-15 on right and 5/5 on left, elbow extensor's 5-/5 on right and 5/5 on left, EHL5/5 on right and 5-15 on left ankle dorsi flexor's is 5/5 on both sides, ankle planter flexor's is 5/5 on both sides, knee extensor's is 5/5 on both sides, hip flexor's 5/5 on both sides. Sensory examination revealed; light touch sensation decreased over index finger, middle finger on the right side and lateral foot and 1st toe on the left side. Deep tendon reflexes were knee jerk 2/4 on both sides, ankle jerk 2/4 on both sides.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 month gym membership with pool access: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tricare Guidelines and Medicare..

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), Gym membership

Decision rationale: The requested services 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. 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.