

Case Number:	CM13-0035728		
Date Assigned:	12/13/2013	Date of Injury:	04/02/2003
Decision Date:	02/19/2014	UR Denial Date:	09/28/2013
Priority:	Standard	Application Received:	09/28/2013

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.

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 61 yo male with DOI of 4/2/2003. As of 9/19/2013 the patient reported 1/10 pain without medication. Physical exam was negligible. The diagnosis was lumbago, early dysplastic hip osteoarthritis. There is a note from 9/20/12 stating the patient used the gym 143 times in a year. There is no protocol or supervised exercises noted in the record. There are no notes from 2013 or the notes from the current RFA listed. There is no protocol or supervised therapy listed in the current RFA, the request is for a gym membership for 12 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

twelve (12) month gym membership between 9/19/13 and 9/19/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (Low Back).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Back Knee, Gym Membership.

Decision rationale: This service is not medically necessary. CA MTUS does not address gym memberships specifically in the physical medicine section. Although it states that active exercises are effective, they should be supervised. Gym memberships do not allow for proper medical supervision and do not follow this guideline. In addition, (although MTUS is the standard guideline in CA) ODG for knee and back were used. These guidelines do not

recommend gym memberships based on the fact that there is no medical supervision and there is no specified exercise routine. The provider did not give a plan of treatment including progress monitoring. Without this information and according to standard guidelines, this treatment is not medically necessary.