

Case Number:	CM13-0038153		
Date Assigned:	12/18/2013	Date of Injury:	10/28/2002
Decision Date:	04/03/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	09/27/2013

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 and Rehabilitation, has a subspecialty in Pain Management 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:

This case involves a patient with a date of injury of 10/28/02. A utilization review determination, dated 9/5/13 recommends non-certification of a one (1) year gym membership. The progress report, dated 8/19/13 identifies pain in the low back and right lower extremity. The patient participated in land therapy and would like to start pool therapy. On exam, the incisions are healed nicely and good strength is noted in the bilateral lower extremity. The treatment plan includes the continuation of physical therapy, pool therapy in addition, and a 1-year gym membership to carry out exercises, once he has completed his physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) year gym membership for the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation the ODG Treatment in Workers' Comp, 11th Edition, Low Back Guidelines for Gym memberships

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Gym Memberships.

Decision rationale: The Chronic Pain Medical Treatment Guidelines indicate that exercise is recommended. The guidelines also indicate that there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. The Official Disability Guidelines indicate 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. In addition, treatment needs to be monitored and administered by medical professionals. 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 a risk of further injury to the patient. Within the documentation available for review, there is no indication that the patient has failed a home exercise program with periodic assessment and revision. Additionally, there is no indication that the patient has been trained on the use of gym equipment, or that the physician is overseeing the gym exercise program. In the absence of such documentation, the currently requested gym membership is not medically necessary.