

Case Number:	CM13-0040253		
Date Assigned:	12/20/2013	Date of Injury:	01/04/2005
Decision Date:	02/12/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/29/2013

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 General Preventive Medicine & Public Health, has a subspecialty in Occupational & Environmental Medicine and is licensed to practice in Illinois, Iowa and Hawaii. 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 43 year old male claimant with a date of injury of 1/4/2005. A doctor's first report of injury states that the patient had twisted his lumbosacral spine when he twisted his torso to the left while reaching for a bin with metal parts weighing 60-70 lbs. The claimant is a machine operator. The claimant had immediate pain in his lumbosacral spine radiating down his legs, right greater than left. The patient has received adjustments by a chiropractor, received physical therapy, received epidural injections and had lumbosacral spine surgery. Since September, 2007 he has remained off of work and was declared permanent and stationary. The most recent progress report available for review is dated 9/3/2013. Subjective complaints at that time state "...Continued complaints of back pain with occasional radiation to his lower extremities." Objective findings at that time include: Tenderness in the lower lumbar paravertebral musculature. Forward flexion is 60 degrees, extension to 10 degrees, lateral bending to 30 degrees. Strength in lower extremities is globally intact. A utilization review decision was rendered on October 8, 2013 indicating the gym membership was not certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

One year gym membership with pool access: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Section on Gym Memberships.

Decision rationale: The guidelines state 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. Furthermore, 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 medically necessary and appropriate.