

Case Number:	CM13-0043127		
Date Assigned:	12/27/2013	Date of Injury:	06/30/2006
Decision Date:	02/21/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/21/2013

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 Family Practice, and is licensed to practice in Texas. 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 62-year-old who reported an injury on 10/21/2005. The mechanism of injury was not submitted. The patient has been diagnosed with low back pain with right sciatica, knee pain with osteoarthritis and Baker's cyst, cervical spondylosis, calcific tendonitis of the shoulders, greater trochanteric bursitis, and carpal tunnel syndrome. The patient complained of pain to the low back and the knees. The patient reported that the left knee pain and crepitus remains improved after corticosteroid injection on 04/29/2013, but having some troublesome lateral knee pain with repetitious flexion, and with maintained extension when lying flat. The patient reported the carpal tunnel syndrome symptoms were doing okay following carpal tunnel injection on 02/13/2012. The physical exam revealed tenderness over the lateral femoral condyle and Gerdy's tubercle, with snap of ITV on flexion. Cervical range of motion was modestly restricted, no bony tenderness, negative Spurling's test. The patient had a slightly positive bilateral shoulder impingement testing. The patient also had mostly guarded lumbar motion, with pain on flexion and extension. The patient is being treated with Norco, Skelaxin, Nexium, and exercise.

IMR ISSUES, DECISIONS AND RATIONALES

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

A 12-month health club 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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Guidelines (ODG) Low back, Gym Memberships Chapter.

Decision rationale: The Official Disability Guidelines does not recommend gym memberships 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 monitored by a health professional, such as a gym membership or advanced home equipment, may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would generally not be considered medical treatment; and are therefore, not covered under these guidelines. The patient continued to complain of low back pain, bilateral knee pain, bilateral shoulder pain, and wrist pain due to carpal tunnel syndrome. However, the guidelines do not recommend gym memberships. Also, the clinical documentation submitted did not show the need for specialized equipment. The request for a 12-month health club membership is not medically necessary or appropriate.