

Case Number:	CM13-0044268		
Date Assigned:	12/27/2013	Date of Injury:	08/16/2010
Decision Date:	07/29/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/28/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 expert 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 records presented for review indicate that this 55-year-old female was reportedly injured on August 16, 2010. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated May 21, 2014, indicated that there were ongoing complaints of low back pain radiating to the bilateral lower extremities and bilateral knee pain. The physical examination demonstrated tenderness of the bilateral lumbar spine musculature with trigger points. There was a positive straight leg raise at 60 and decreased sensation along the posterior lateral thigh and calf on the right side. Examination of the knees noted tenderness along the medial and lateral joint lines and crepitus with general motion. There was a positive McMurray's test bilaterally. Diagnostic imaging studies objectified a complex tear of the anterior lateral meniscus of the right knee. An MRI of the lumbar spine noted a broad based disc protrusion at L4-L5 and L2-L3. Previous treatment included a lumbar spine epidural steroid injection, which provided four months of relief. There was also a history of a left knee arthroscopic surgery and two prior right knee arthroscopic surgeries and a Synvisc injection to the right knee. A request had been made for a one year gym membership with pool access and was not certified in the pre-authorization process on October 1, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 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 Official Disability Guidelines (ODG): Low back pain;.

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 pain; Gym membership.

Decision rationale: According to the Official Disability Guidelines, a gym is not recommended as a medical prescription, unless there is documentation of a home exercise program that has not been effective and a date for specialized equipment. Additionally, treatment needs to be administered and monitored by medical professionals. There was no documentation in the attached medical record that a home exercise program has not been shown to be effective. The most recent progress note, dated May 21, 2014, recommended continuation with a home exercise program. There was also no mention that a medical professional will accompany the injured employee to the gym/pool. For these reasons, this request for a one year gym membership with pool access is not medically necessary.