

Case Number:	CM13-0044674		
Date Assigned:	12/27/2013	Date of Injury:	09/03/2008
Decision Date:	04/29/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	10/31/2013

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 & Rehabilitation, has a subspecialty in Interventional Spine 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 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 patient is a 47-year-old female with an injury date on 09/03/08. Based on the 09/10/13 progress report provided by [REDACTED], the patient's diagnosis include "mild antalgic gait, exquisite paraspinous muscle tenderness and significant pain, and tenderness/discomfort in the hip area. [REDACTED] is requesting gym membership for one year. The utilization review determination being challenged is dated 10/23/13 and recommends denial of the gym membership. [REDACTED] is the requesting provider and provided one treatment report from 09/10/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership for 1 year: 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 Chapter (Last Updated 10/09/13), Gym Membership

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 Chapter, Gym Membership.

Decision rationale: According to the 09/10/13 progress report provided by [REDACTED], the patient presents with mild antalgic gait, exquisite paraspinal muscle tenderness and significant pain, and tenderness/discomfort in the hip area. The request is for gym membership for one year. The request was denied by utilization review letter dated 10/23/13. The physician, [REDACTED], denied the request and cited ODG guidelines in the denial letter, but did not provide a rationale. The treater does not provide any rationale as to why the exercise cannot be performed at home, what special needs there are for a gym membership and how the patient is to be supervised during exercise. MTUS and ACOEM guidelines are silent regarding gym membership but the ODG guidelines state that it is not recommended as a medical prescription "unless a documented home exercise program with periodic assessment and revision has not been effective and there is need for equipment." In this case, there are no discussions regarding a need for a special equipment and failure of home exercise as well as why a gym is needed to accomplish the needed exercises. Recommendation is for denial.