

Case Number:	CM13-0051144		
Date Assigned:	12/27/2013	Date of Injury:	10/22/1998
Decision Date:	03/11/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/14/2013

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 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 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 is a 50 year-old female who was injured on 10/22/1998. Her diagnoses include: s/p L5/S1 artificial disk replacement with the [REDACTED] with subsequent removal and replacement of L5/S1 posterolateral fusion with Viper 2 system. The IMR application shows a dispute with the 10/24/13 UR denial of a 6-month gym membership.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership for 6 months: 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.

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

Decision rationale: The patient presents (11/13/13) with chronic low back pain and muscle cramps at the right side back and intermittent pain in the right leg. [REDACTED] has suggested a gym membership with a personal trainer for supervision. The patient self-pays for a gym currently,

but feels the carrier should cover it. The 10/3/13 report from [REDACTED] states the patient self-paid for a gym membership but asks to try to get w/c to cover it. She has a gym ball at home to do exercises and finds it helpful. MTUS and ACOEM guidelines do not go into detail about gym memberships. ODG guidelines were consulted. ODG states: "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. Plus, treatment needs to be monitored and administered by medical professionals" According to the available records, the home exercise program has been effective; there is no mention of what type of equipment is needed. It is not clear what medical degree the "professional trainer" has, and it is not known what medical professional is administering the exercises. The request is not in accordance with ODG guidelines.