

Case Number:	CM13-0053759		
Date Assigned:	12/30/2013	Date of Injury:	01/17/2008
Decision Date:	12/02/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/18/2013

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 Occupational Medicine and is licensed to practice in Illinois. 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 injured worker is a 50 year old man with a date of injury on 1/17/2008 who had a Racz procedure on July 29, 2013. According to the latest clinical note attached, from July of 2013, the worker stated he had numbness of his 4th and 5th digits of his left hand and no other symptoms. He has minimal tenderness of the lumbar spine, pain with back flexion and extension and a positive straight leg raise test. He has a left antalgic gait.

IMR ISSUES, DECISIONS AND RATIONALES

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

A GYM MEMBERSHIP FOR 6 ADDITIONAL MONTHS FOR THE LUMBAR SPINE:
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 Official Disability Guidelines (ODG) Low Back, Gym Memberships

Decision rationale: Gym memberships are not addressed in the Medical Treatment Utilization Schedule or American College of Occupational and Environmental Medicine guidelines. They are not recommended per the Official Disability Guidelines 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. Also, 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 injured workers 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. There may be risk of further injury to the injured worker. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment and are therefore not covered under these guidelines. The worker has limitations in his range of motion from an office visit note that is more than one year old. The provider states that the gym membership was requested so the worker can use the pool which has proven beneficial in the past. There is no information as to whether or not he has had physical therapy or whether he is performing a home exercise program and it is not helpful. There is no documented home exercise program with periodic assessment and revision that has not been effective and there is a need for the pool. A gym membership for 6 additional months for the lumbar spine is not medically necessary and appropriate.