

Case Number:	CM13-0055057		
Date Assigned:	12/30/2013	Date of Injury:	09/11/2006
Decision Date:	05/06/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	11/20/2013

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 Family Practice 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 injured worker is a 53-year-old female who reported an injury on 09/11/2006. The mechanism of injury was not provided. Current diagnoses include status post ALIF, status post right decompression, status post lumbar spine hardware removal with revision of fusion, stress, anxiety, and insomnia. The injured worker was evaluated on 09/19/2013. The injured worker reported ongoing lower back pain. The injured worker reported improvement in symptoms with aquatic therapy. Physical examination of the lumbar spine revealed tenderness to palpation, diminished range of motion, decreased sensation, and diminished deep tendon reflexes with positive straight leg raising. Treatment recommendations at that time included authorization for a gym membership with pool access.

IMR ISSUES, DECISIONS AND RATIONALES

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

GYM MEMBERSHIP WITH POOL ACCESS 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, Low Back Section

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

Decision rationale: The Official Disability Guidelines state gym memberships are not recommended as a medical prescription unless a home exercise program has not been effective and there is a need for equipment. The injured worker does not appear to meet criteria for the requested service. There is no indication of a failure to respond to a home exercise program. There is also no indication of the need for specialized equipment. Based on the clinical information received and the Official Disability Guidelines, the request For Gym Membership with Pool Access for 6 Months is Non-Certified.