

Case Number:	CM13-0055302		
Date Assigned:	12/30/2013	Date of Injury:	03/20/2012
Decision Date:	03/20/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	11/18/2013

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, 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 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:

The patient is a 44-year-old female who reported an injury on 03/20/2012. The patient reportedly felt a sharp pain down the left lower extremity as she stood up from her chair. The patient is currently diagnosed with cervical radiculitis, bilateral posterior shoulder/mid-back strain with myofascial tenderness, thoracic spine left renal agenesis with multiple cysts, lumbar spine segmental instability, lumbar spine acute and chronic denervation, lumbar spine mild to moderate multilevel spondylosis, lumbar spine chronic left L5 radiculopathy, left ankle sprain and strain, and obesity. The patient was seen by [REDACTED] on 09/13/2013. The patient reported ongoing neck, upper back, lower back, and left ankle pain. Physical examination revealed tenderness to palpation in the cervical spine with spasms noted in the cervical spine region, tenderness to palpation of the thoracic spine with muscle spasms, tenderness to palpation of the lumbar spine with decreased sensation on the left, tenderness to palpation of the left ankle. Treatment recommendations at that time included an authorization request for a gym membership, a weight loss program, acupuncture treatment, and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 gym membership program: 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) -

Treatment for Workers' Compensation, Online Edition, Chapter: Low Back - Lumbar & Thoracic

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 Memberships

Decision rationale: 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. As per the documentation submitted, the patient's physical examination on the requesting date only revealed tenderness to palpation with palpable muscle spasm and decreased sensation on the left. There is no documentation of significant musculoskeletal or mobility deficit. There is also no indication that this patient has failed to improve with a home exercise program. There is no evidence of the need for equipment. Based on the clinical information received and the Official Disability Guidelines, the request is non-certified.