

Case Number:	CM13-0055970		
Date Assigned:	12/30/2013	Date of Injury:	03/11/1997
Decision Date:	04/02/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	11/21/2013

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 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 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 55-year-old female who reported an injury on 03/11/1997. The mechanism of injury was not provided for review. The clinical documentation submitted for review does support that the patient previously had a [REDACTED] gym membership, provided the patient daily activity to assist with pain control. Patient's most recent clinical documentation noted the patient has persistent low back pain radiating into the lower extremities. Objective findings included plantar weakness and plantar flexion of the right lower extremity described as 3/5 with limited lumbar range of motion secondary to pain, lumbar spasming and a positive straight leg raising test bilaterally. The patient's diagnoses included lumbar degenerative disc disease, cervical disc disorder, cervical sprain. The patient's treatment plan included renewal of her gym membership to assist with pain control.

IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] 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)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Gym Memberships

Decision rationale: The Physician Reviewer's decision rationale: The requested [REDACTED] membership for 1 year is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient previously received a [REDACTED] membership that the patient used daily for activities to assist with pain control. The clinical documentation also included recent evidence of physical therapy. California Medical Treatment Utilization Schedule recommends that patient's be transitioned into a home exercise program to support functional benefits obtained during skilled physical therapy. However, Official Disability Guidelines only recommend the use of a gym membership as a medical prescription if the patient has failed to progress through a self-directed and self-managed independent exercise program and there is evidence that equipment that cannot be provided within the home is needed to assist the patient maintaining improvement levels obtained during skilled physical therapy. The clinical documentation submitted for review does not provide any evidence that the patient requires equipment that cannot be used inside the home as part of a self-directed self-managed physical therapy program. Additionally, the clinical documentation submitted for review does not provide any documentation of significant functional benefit or pain control as a result of the previous gym membership. Therefore, continuation of a gym membership would not be supported. as such, the requested [REDACTED] membership for 1 year is not medically necessary or appropriate.