MAXIMUS Federal Services

Case Number:	CM13-0056119		
Date Assigned:	12/30/2013	Date of Injury:	11/10/2000
Decision Date:	04/14/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/21/2013

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 Physical Medicine & 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 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 patient is a 57 year-old male with a date of injury of 11/10/2000. According to report dated 10/25/2013 by [redacted], the patient presents with neck and back pain which is rated at 7-8/10. The patient reports radiation of pain and numbness down both legs down to feet. Examination reveals patient utilizes a cane when walking. Range of motion of cervical, thoracic and lumbar spine are decreased on all planes and limited by pain. In report dated 08/22/2013, the patient states aquatic therapy is helping; however, [redacted] pool has closed. The treating physician is requesting 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:

A SIX MONTH GYM MEMBERSHIP: 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: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Guidelines. Decision based on Non-MTUS Citation ODG, Gym Memberships

Decision rationale: Gym memberships are not specifically addressed in ACOEM. However, ODG Guidelines states it is not recommended as a medical prescription unless a documented home exercise program with periodic assessment or revision has not been effective and there is a need for equipment. Treatment needs to be monitored and administered by medical professionals. While an individual exercise program is recommended, outcomes that are not monitored by a healthcare professional such as gym memberships or advanced home exercise equipment is not recommended and not covered under this guideline. In this case, the treating physician has asked for a gym membership to allow for water exercises. Exercise guidelines from MTUS state that there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. The physician has asked for water exercises but this exercise is not any superior to other land-based exercises that the patient can perform at home. The physician does not discuss why this cannot do land-based exercises at home. Recommendation is for denial.