

Case Number:	CM13-0056440		
Date Assigned:	12/30/2013	Date of Injury:	03/05/2009
Decision Date:	03/31/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	11/22/2013

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 & 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 56-year-old male who reported an injury on 03/05/2009. The mechanism of injury was noted to be the patient was discarding heavy pipe and as he was moving the heavy pipe, the patient began to have bilateral shoulder pain and neck pain. The patient had an ACDF on 01/17/2011. The patient was treated with physical therapy. The patient's diagnosis was noted to be chronic cervical degenerative disc disease. Objectively, the patient had tenderness in the paracentral region without swelling, ecchymosis, or other deformities. The patient had full range of motion of the cervical spine and good strength in the upper extremities. The treatment plan was noted to be the physician re-requested a 6 month gym membership for independent exercises and strengthening.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six months gym membership: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS 2009, Exercise, pg.46-7

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 Chapter, gym membership

Decision rationale: Official Disability Guidelines do not recommend gym memberships 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. The treatment needs to be monitored and administered by medical professionals. 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 clinical documentation submitted for review failed to indicate the patient had a need for exercise equipment and failed to provide documentation of exceptional factors to warrant nonadherence to guideline recommendations. Given the above, the request for 6 month gym membership is not medically necessary.