

Case Number:	CM13-0056603		
Date Assigned:	12/30/2013	Date of Injury:	09/28/2009
Decision Date:	05/06/2014	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 an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Internal Medicine and Pulmonary Diseases, 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 63-year-old female who reported an injury on 9/28/09. The mechanism of injury was lifting, which caused a sudden onset of low back pain and neck pain. The injured worker's treatment history included a functional restoration program to address her chronic cervicgia, chronic lumbar back pain, and recurrent myofascial strain. The injured worker was evaluated on 11/8/13. It was documented that the injured worker was participating in a home exercise program. Physical findings included limited lumbar range of motion secondary to pain with a negative straight leg raising test bilaterally, and spasm and guarding in the lumbar spine. Physical findings of the cervical spine included tenderness to palpation in the trapezius and cervical spinal musculature with tenderness to palpation over the spinous process at the C5, C6, and C7. It was noted that the injured worker had previously increased her ability to ride a stationary bike from 5 minutes to 30 minutes while she participated in a functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

GYM MEMBERSHIP FOR SIX (6) MONTHS WITH TRANSPORTATION OR A STATIONARY BIKE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s):
46. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: The Official Disability Guidelines do not recommend a gym membership unless there is documentation that the injured worker has failed to progress in a home exercise program and requires equipment that would not be able to be provided within the home. The clinical documentation submitted for review indicates that the injured worker is participating in a home exercise program. However, the clinical documentation does not support that the injured worker has not received any functional benefit from the home exercise program. The California MTUS does not recommend one type of exercise over another. There is no documentation that the injured worker has failed to progress in a self-managed, self-directed home exercise program and would require additional exercise equipment. As such, the request is not medically necessary or appropriate.