MAXIMUS Federal Services

Case Number:	CM13-0058867		
Date Assigned:	12/30/2013	Date of Injury:	06/06/2006
Decision Date:	04/09/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/27/2013

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 Anesthesiology, has a subspecialty in Acupuncture & Pain Medicine, 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 58-year-old female injured worker with date of injury 6/6/06 with related lower back pain and bilateral knee pain. She also has pain in her left gluteus muscle. The patient is diagnosed with degenerative disc disorder; lumbar facet syndrome; and knee pain. X-ray of the knees 10/8/13 revealed no acute fractures, bilateral joint effusions, moderate medial and moderate patellofemoral joint space narrowing slightly worse on the right. Magnetic resonance imaging (MRI) of the lumbar spine dated 4/7/09 revealed multiple areas of central disc bulge or herniations without visible cord or foramen impingement; multiple levels of foraminal stenosis; degenerative facet joint changes and disc bulge at L3-4 level contributing to the spinal central canal stenosis. She previously attended the gym 3-4 times per week, and was able to decrease her pain medications and her gluteal pain improved. The date of utilization review decision was 10/31/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

GYM MEMBERSHIP FOR 12 MONTHS PER PR-2 DATED 10/16/2013.: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Gym memberships

Decision rationale: The MTUS is silent on the topic of gym memberships. With regard to gym memberships, the Official Disability Guidelines (ODG) states "not recommended 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." A review of the medical records indicates that the injured worker has been certified for physical therapy which will help re-educate her in a home exercise program. She has already been instructed to walk for exercise as tolerated, to start and adhere to a low calorie diet, to continue home exercise program, to take medications as directed, and to perform stretching exercises. The records do not indicate that her home exercise program has not been effective. As such, the request is not certified.