

Case Number:	CM13-0060166		
Date Assigned:	12/30/2013	Date of Injury:	09/12/2011
Decision Date:	06/03/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	12/02/2013

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 Orthopedic Surgery, has a subspecialty in Spinal Surgery, and is licensed to practice in Texas. 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 41-year-old whose date of injury is September 12, 2011. The patient was loading her truck doing repetitive loading from a higher than normal dock pick up and developed pain in her low back. The patient underwent right hip arthroscopic labral resection on January 11, 2013. Follow up note dated February 14, 2013 indicates that she is overall substantially better and she no longer has right hip pain related to her injury. She also has no low back pain. Treatment to date is noted to include physical therapy, work restrictions, epidural steroid injections, work hardening program and medication management. Report dated October 28, 2013 indicates that the patient has significant complaints that outweigh any objective findings. The patient's examination was essentially unremarkable, and there may be some secondary gain with regard to her low back case.

IMR ISSUES, DECISIONS AND RATIONALES

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

SIX MONTH GYM MEMBERSHIP FOR CORE STRENGTHENING AND CONDITIONING OF THE LOW BACK: 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: 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 Memberships.

Decision rationale: Based on the clinical information provided, the request for six month gym membership for core strengthening and conditioning of the low back is not recommended as medically necessary. The Official Disability Guidelines do not support gym memberships unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. The submitted records fail to document that a home exercise program has been ineffective or that there is a need for equipment. The request for six month gym membership for core strengthening and conditioning of the low back is not medically necessary or appropriate.