

Case Number:	CM13-0061222		
Date Assigned:	12/30/2013	Date of Injury:	12/15/2008
Decision Date:	05/12/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	12/04/2013

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 Occupational Medicine and is licensed to practice in California and Oklahoma. 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 54 year old male who was injured on 12/15/2008 when a gate fell over and hit/bumped his leg and back. Prior treatment history has included physical therapy, acupuncture, chiropractic treatment, which provided relief to his pain. PR2 dated 10/21/2013 indicated the patient to have complaints of increased pain in his knee, left ankle and low back. The patient had weakness to his left leg with numbness and tingling. Objective findings on exam revealed knee and ankle reflexes were intact and symmetrical; Babinski sign was negative. Detailed sensory examination of the lower extremities, testing dermatome L1 to S1 was normal from L1 to S1 with muscle groups testing 5/5. The patient was diagnosed with cervical syndrome, lumbosacral syndrome with sciatica, right hip sprain, bilateral knee sprain, and left ankle sprain. A gym membership was recommended for this patient. PR2 dated 09/09/2013 documented the patient to have complaints of ongoing pain in the lower back with radiating pain and tingling sensation in the lower extremity bilaterally. The pain is increased with prolonged walking, twisting, and heavy lifting. He rates the pain as a 6/10. On examination, the patient had a normal gait; sitting straight leg raise was negative bilaterally; supine straight leg raise was 40 degrees, low back pain bilaterally. On neurological examination, knee jerks were bilaterally 2+ and symmetrical; Ankle jerks were 2+ and symmetrical; Babinski sign was negative; detailed sensory examination of the lower extremities was normal. Motor examination was within normal limits.

IMR ISSUES, DECISIONS AND RATIONALES

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

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, Low Back - Lumbar and Thoracic

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 Pain, Lumbar And Thoracic

Decision rationale: Per the above referenced treatment guideline: Gym memberships are 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 the equipment. Plus treatment needs to be monitored and administrated by medical professionals. An individual exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by health professional, such as gym memberships or advanced home exercise equipment, may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision. With unsupervised programs there is no information flow back to the provider, so he or she can make changes in the prescription, and there may be risk of further injury to the patient. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment, and are therefore not covered under these guidelines. Therefore, this is not medically necessary.