

Case Number:	CM13-0061464		
Date Assigned:	02/05/2014	Date of Injury:	05/10/1999
Decision Date:	05/07/2014	UR Denial Date:	12/02/2013
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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 56 year old female. Her date of work injury is 5/10/99 deemed secondary to cumulative trauma injury. The diagnoses include cervical spine sprain/strain and discopathy at C5-6 with stenosis; C5-6 radiculopathy; thoracic spine strain; lumbar spine strain; scoliosis. There is an 11/14/13 primary treating physician progress report that states that the patient has difficulty exercising/walking due to back pain and feels more comfortable in the water. She has gained 30 lbs. in the last 6 months. Her weight is documented at 195. Height 5'7" and BMI 31. The patient presents on this date to her primary treating physician reporting intermittent moderate low back pain which radiates down to both of her legs. She complains of numbness and tingling in her legs also. The patient reports that her medications only temporarily relieve her pain. Examination of the lumbar spine reveals tenderness to palpation about the lumbar paravertebral musculature. There is muscle spasms noted. There are positive straight leg raise tests bilaterally. There is a positive Laseague's test on the right. A lumbar MRI dated 3/1/13 reveals a 14 degree levoscoliosis with no herniation, central or foraminal stenosis. An 11/4/13EMG/NCS reveals an acute right L5 and left L5,S1radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

GYM MEMBERSHIP 6 MONTHS W/ HEATED POOL ACCESS FOR SELF GUIDED THERAPY: 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 Chapter Lumbar & Thoracic, Gym memberships.

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, lumbar and thoracic.

Decision rationale: Gym membership 6 months with heated pool access for self-guided therapy is not medically necessary per the ODG guidelines. The MTUS does not address gym memberships. The ODG does 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. Additionally, the ODG states that the treatment needs to be monitored and administered by medical professionals. The documentation does not have evidence that a home exercise program with assessment and revision has not been effective. There is no documentation that patient needs specialized equipment to complete her low back therapy. The request for gym membership 6 months with heated pool access for self-guided therapy is not medically necessary.