

Case Number:	CM13-0061708		
Date Assigned:	12/30/2013	Date of Injury:	03/29/2012
Decision Date:	05/18/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	12/05/2013

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 & Rehabilitation, 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 injured worker is a 41-year-old female who reported an injury on 03/29/2012. The injured worker had ongoing low back pain that was recalcitrant to conservative treatments and ultimately underwent decompression surgery at the L5-S1 level. This surgical intervention was followed by a course of postoperative physical therapy. The injured worker was evaluated on 11/05/2013 with ongoing low back pain complaints that radiate into the bilateral lower extremities. Physical findings included limited lumbar range of motion secondary to pain with tenderness to palpation over the right sciatic nerve and a right side left straight leg raising test that was positive for low back pain. The injured worker's diagnoses included moderate to severe degenerative disc disease, mild exogenous obesity, degenerative lumbar/lumbosacral disc disease, displaced lumbar intervertebral disc without myelopathy, and thoracic/lumbar neuritis/radiculitis. The injured worker's treatment plan included a request for a health club membership to assist the injured worker with a home exercise program and continuation of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE YEAR HEALTH CLUB MEMBERSHIP WITH A POOL: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG 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 Chapter, Gym Memberships.

Decision rationale: The Official Disability Guidelines state that gym memberships are not generally considered a medical treatment. Consideration for a gym membership or health club membership with a pool may be appropriate for patients who have failed to progress through a home exercise program and require additional equipment that cannot be provided within the home. The clinical documentation submitted for review does not provide any evidence that the injured worker has participated in an independent self-managed home exercise program after completing an adequate course of postsurgical physical therapy. There is no documentation that the injured worker requires a non weight bearing environment that would be provided by a pool. Therefore, the 1 year health club membership with a pool is not medically necessary or appropriate.