

Case Number:	CM13-0061712		
Date Assigned:	06/09/2014	Date of Injury:	01/19/2011
Decision Date:	07/15/2014	UR Denial Date:	11/14/2013
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 Anesthesiology, has a subspecialty in 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 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 49 year old male who sustained injuries to his low back and right hip on January 19, 2011 when he stepped off of a forklift. The treatment to date has included acupuncture, physical therapy, medications, NSAIDs, and home exercise program. A physical examination noted range of motion lumbar rotation left 10 degrees rotation right 10 degrees, bilateral flexion 10 degrees; tenderness in the right hip; pain, spasms and tenderness of the lumbar spine; MRI of the lumbar spine dated July 26, 2013 revealed L5 spondylosis with grade 1 spondylolisthesis; mild left lateral recess and foraminal narrowing; L4-5, right central extrusion with mild central canal narrowing; L3-4 small central protrusion with mild central canal narrowing. The patient was diagnosed with radiculopathy, paresthesia, sciatica, and myalgia/myositis.

IMR ISSUES, DECISIONS AND RATIONALES

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

GYM MEMBERSHIP (MONTHS) QTY: 3.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and foot chapter, Gym memberships.

Decision rationale: The records available indicate that past attempts at conservative treatment have not significantly decreased pain symptoms. As a result, for the described medical situation, the above noted reference would not support this request to be warranted medical necessity, due to a lack of a positive response from a previous attempt at treatment in the form of acupuncture. Gym memberships are not recommended as a medical prescription unless a home exercise program has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals. Given the clinical documentation submitted for review, medical necessity of the request for gym membership x 3 has not been established. The request for gym membership is not medically necessary.