

Case Number:	CM13-0065713		
Date Assigned:	01/03/2014	Date of Injury:	09/29/2003
Decision Date:	06/27/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/13/2013

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 Pain Medicine and is licensed to practice in Minnesota. 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 54-year-old female who reported an injury on 09/29/2013. The mechanism of injury was not provided. The documentation of 09/09/2013 revealed the injured worker had lumbar spine tenderness bilaterally at L5-S1 greater than L4-5 bilaterally, bilateral sciatic notches, right posterolateral thigh, right posterolateral calf and right lateral foot. The range of motion was limited with all maneuvers. The injured worker had paresthesia to the entire right foot. Diagnoses included left carpal tunnel syndrome, status post left carpal tunnel release on 10/18/2002, cephalgia, history of right carpal tunnel syndrome in 1998, left lateral epicondylitis, status post lateral release 05/20/2005, status post L5-S1 anterior interbody fusion, L5-S1 02/05/2007, lumbar spine L4-S1 decompression with stabilization of L4-5 02/29/2012, lumbar spine chronic right L5-S1 polyradiculopathy per EMG/NCV 03/19/2013, left knee myxoid intrasubstance degenerative changes of the medial meniscus with no definite evidence of tear, chondromalacia grade 2 and 3 medial compartment and patellofemoral joint, small joint effusion and small medial popliteal cyst, degenerative hyaline cartilage changes appear to be progressive when compared to the prior examination of 01/02/2009 per MRI on 07/25/2012, gastric bypass 09/2008, gastritis, stress, anxiety and depression, and possible sleep disorder. The treatment plan included the injured worker was involved in a home exercise program; however, had very little access to equipment that she learned to use through physical therapy. The authorization request was for a gym membership for 1 year.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE YEAR 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 (ODG) Low Back Chapter, 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 indicate that gym memberships would not generally be considered medical treatment and are therefore not covered under the disability guidelines. They 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 equipment. The clinical documentation submitted for review indicated the injured worker had a need for equipment that she had learned at physical therapy. However, there was a lack of documentation indicating the injured worker had a home exercise program with periodic assessment and revision that had not been effective. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. Given the above, the request for a 1 year gym membership is not medically necessary.