

Case Number:	CM13-0067835		
Date Assigned:	01/03/2014	Date of Injury:	12/01/2009
Decision Date:	04/21/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/18/2013

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 Family Practice 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 patient is a 33-year-old male who reported injury on 12/01/2009. The mechanism of injury was noted to be as a result of bending, lifting, and twisting repetitively. The patient's diagnosis was lumbosacral spondylosis. The recent documentation indicated that the patient was not able to perform many exercises at home. The patient was performing home exercises and stretching with benefit. The request was made for a 13 week gym membership trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

GYM MEMBERSHIP (13 WEEK TRIAL): 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), Health Clubs

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back Chapter, Gym Membership

Decision rationale: Official Disability Guidelines do not recommend gym memberships as they are not generally considered medical treatment and are not covered under the Disability Guidelines. It was noted that the patient was not able to exercise much at home. There was a lack of an objective examination to support the patient had functional deficits. There was a lack of

documentation of exceptional factors to warrant non-adherence to guideline recommendations. Given the above, the request for a gym membership 13 week trial for the low back is not medically necessary.