

Case Number:	CM13-0069878		
Date Assigned:	01/03/2014	Date of Injury:	03/13/2007
Decision Date:	05/23/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	12/23/2013

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 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 39-year-old female who reported an injury on 03/13/2007 due to a trip and fall, which reportedly caused injury to her low back, bilateral shoulders, bilateral knees, and neck. It was determined that the injured worker is a cervical spine candidate. In a progress note dated 11/27/2013, it was documented that the injured worker would need ongoing activity for her lumbar spine and would not be able to participate in land-based impact therapy due to her cervical spine treatment. It was documented that her degenerative lumbar disc and facet arthropathy require a non-weightbearing environment provided by a pool. Physical findings at that appointment of the lumbar spine included tenderness to palpation of the paravertebral musculature and sacroiliac joint with restricted range of motion secondary to pain. The injured worker's diagnoses included C5-6 stenosis, right C6 radiculopathy, L4 through S1 disc degeneration, L4 through S1 stenosis, C5-6 disc displacement, and right L5 radiculopathy. A request was made for a 90-day gym membership with pool access.

IMR ISSUES, DECISIONS AND RATIONALES

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

GYM MEMBERSHIP WITH A POOL FOR 90 DAYS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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 Membership.

Decision rationale: The requested gym membership with a pool for 90 days is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not address this request. Official Disability Guidelines do not support the use of a gym membership as a medical prescription, as there is no supervision by medical professionals to assess the effectiveness of treatment and make treatment modifications. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. As such, the requested gym membership with a pool for 90 days is not medically necessary or appropriate.