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| Case Number: | CM13-0070634 | | |
| Date Assigned: | 02/28/2014 | Date of Injury: | 06/06/2006 |
| Decision Date: | 06/12/2014 | UR Denial Date: | 11/25/2013 |
| Priority: | Standard | Application Received: | 12/24/2013 |

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 Management, 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 patient is an employee of [REDACTED] and has submitted a claim for lumbar disc disease, lumbar facet syndrome and knee pain associated with an industrial injury date of June 6, 2006. Treatment to date has included oral and topical analgesics, muscle relaxants, aquatic therapy, knee injections, home exercise program, and gym membership. Medical records from 2013 to 2014 were reviewed and showed low back pain, bilateral lower extremity pain and bilateral knee pain. Physical examination showed limitation of motion of the lumbar spine and tenderness over the lumbar paravertebral muscles and right piriformis. Lumbar facet loading is positive in the right side, and internal rotation of the femur resulted in deep buttocks pain. The patient was diagnosed with lumbar disc disorder, lumbar facet syndrome and knee pain. A 12 month gym membership was prescribed to strengthen the lower extremities which could help with the knee pain. The patient has been attending the gym 3-4x/week on a regular basis, attending aquatic therapy and utilizing weights and cardio equipment. She was able to decrease her pain medication intake as attending the gym decreased her pain. Utilization review dated November 25, 2013 denied the request for a 12 month independent gym membership for knee and back QTY12.00. The reason for the denial was not made available.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 MONTH INDEPENDENT GYM MEMBERSHIP FOR KNEE AND BACK QTY 12.00:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation 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 CA MTUS does not address this topic specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Low Back Chapter, Gym Membership was used instead. The Official Disability Guidelines state that gym memberships are not recommended as a medical prescription unless the documented home exercise program has been ineffective and there is a need for specialized equipment; treatment needs to be monitored and administered by medical professionals. In this case, the patient has been attending the gym 3-4x weekly on a regular basis which helped improve the pain. However, there was no evidence that a home exercise program was ineffective as measurable objective outcomes from the treatment were not documented. Furthermore, there was no discussion concerning the need for specialized equipment; and there was no indication that medical professionals will be monitoring the patient in this environment. Therefore, the request for a 12 month independent gym membership for knee and back is not medically necessary.