

Case Number:	CM13-0070851		
Date Assigned:	01/08/2014	Date of Injury:	10/20/2010
Decision Date:	04/28/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	12/26/2013

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 patient is a 48-year-old male who reported an injury on 10/20/2010 after he lifted a box of supplies weighing 50 to 75 pounds and reportedly sustained an injury to his low back. The patient ultimately underwent fusion surgery from the L5 to the S1 level in 02/2012. The patient experienced ongoing low back pain radiating into the bilateral lower extremities. The patient's most recent clinical evaluation documented that the patient had 4/10 pain with tenderness to palpation at the L4-5 level with a negative straight leg raising test and limited range of motion secondary to pain. The patient's diagnoses included displacement of lumbar intervertebral disc without myelopathy and sciatica. A request was made for a 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 POOL (PER MONTH): 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

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 requested gym membership with pool access per month is not medically necessary or appropriate. The California Medical Treatment and Utilization Schedule does not address gym memberships. However, the Official Disability Guidelines do not recommend this type of membership as a medical prescription unless the patient has failed to progress through a home exercise program and requires equipment that cannot be provided within the home. The clinical documentation submitted for review does indicate that the patient is currently going to the gym 5 days a week and swimming. However, the clinical documentation submitted for review does not support that this is required, the patient cannot participate in a home based exercise program. There is no documentation that the patient requires a non-weight bearing environment that would support the need for a pool membership. As such, the requested GYM MEMBERSHIP WITH POOL (PER MONTH) is not medically necessary or appropriate.