

Case Number:	CM14-0005683		
Date Assigned:	01/24/2014	Date of Injury:	12/12/1997
Decision Date:	06/09/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/13/2014

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 Interventional Spine 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 61 year-old male who was injured on 12/12/1997 when he was carrying a stack of newspapers and slipped without falling, but jarred his left knee, then 3-years later started to develop lower back pain. According to the 12/6/13 orthopedic report, he presents constant 7/10 low back pain with numbness that radiates down both legs worse on the right. He also has left knee pain that will awaken him at night. He has been diagnosed with lumbar disc displacement and lumbosacral neuritis. The treatment plan included medications, acupuncture and a gym membership. On 12/18/13, UR denied the gym membership.

IMR ISSUES, DECISIONS AND RATIONALES

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

GYM MEMEBERSHIP X6 MONTHS DENIED BY THE PHYSICIAN ADVISOR:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EXERCISE,.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lumbar Chapter, For Gym Memberships.

Decision rationale: The patient presents with chronic back and left knee pain. I have been asked to review for a gym membership x6 months. The request was from the 12/6/13 orthopedic progress report that states "Gym membership is beneficial" There are no details on the Gym membership, no mention of a home exercise program or need for equipment. There is no indication of any functional improvement with a gym membership. There was no discussion on what medical professional will be administering and monitoring the exercise program. ODG guidelines states gym memberships are not generally considered medical treatment. The request for a gym membership is not in accordance with ODG guidelines.