

Case Number:	CM14-0100920		
Date Assigned:	07/30/2014	Date of Injury:	05/06/2012
Decision Date:	08/29/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	06/30/2014

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, and is licensed to practice in Nevada. 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 records presented for review indicate that this 53-year-old female was reportedly injured on May 6, 2012. The mechanism of injury is noted as an altercation with an inmate. The most recent progress note, dated July 28, 2014, indicates that there are ongoing complaints of neck pain, low back pain, right knee pain, and numbness in the arm and hand. Current medications include Aleve, Motrin, amitriptyline, Naprosyn, and Ultram. The physical examination demonstrated noted tenderness at the lower cervical spine at C6-C7 and bilateral trigger points over the paraspinal muscles and left-sided scapula. There was decreased cervical spine range of motion. Spurling's test was negative. Examination of the lumbar spine noted tenderness over the bilateral facet joints and pain with extension. There was a normal neurological examination. Diagnostic imaging studies of the lumbar spine noted mild degenerative disc disease and spondylosis at L2-L3, L3-L4, and L5-S1. There was also a disc herniation at L5-S1 touching the S1 nerve root. An MRI of the cervical spine also noted multilevel degenerative disc disease and spondylosis. There was a small C4-C5 disc herniation and foraminal stenosis at C4-C5 and C6-C7. Previous treatment includes gym exercise and aquatic therapy. Request had been made for a gym membership with an independent trainer and was not certified in the pre-authorization process on June 13, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership with independent trainer: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 114, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG-TWC; Work Loss Data Institute; Lumbar spine 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 - Lumbar and Thoracic, Gym Memberships, Updated July 3, 2014.

Decision rationale: According to the Official Disability Guidelines a gym membership is not recommended as a medical prescription unless documented home exercise has been determined not to be medically effective and there is a need for equipment. Additionally treatment at a gym needs to be monitored and administered by medical professionals. The attach medical record does not indicate that home exercise has been ineffective and there is need for additional equipment. Furthermore an independent trainer is not a medical professional. For these reasons this request for a gym membership with an independent trainer is not medically necessary.