

Case Number:	CM14-0101067		
Date Assigned:	08/06/2014	Date of Injury:	01/26/2013
Decision Date:	09/23/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/26/2014

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 Pain Medicine and is licensed to practice in Texas and Ohio. 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 56-year-old male who reported an injury on 01/26/2013 reportedly when he was working overtime and then he decided to have a drill. He went to shut the water off and then is all he remembers. He woke up in the ambulance. The 3-inch hose with water pressure came up from the ground, picked him up, and threw him down on the ground. It even took a piece of cement out with the force. He sustained injuries to his head, neck, left shoulder, and back. The injured worker's treatment history included CT scans, x-rays, MRI studies, physical therapy sessions, injections, surgery, medications, epidural injections, and medications. The injured worker was evaluated on 05/08/2014 and it was documented that the injured worker reported that he was doing physical therapy for the lower back. It was helping. He still describes symptoms of neck pain and lower back pain with radiation of shoulders and posterior thighs. He rated his pain as 1/10 to 2/10 on the pain scale. The provider noted these symptoms have been present for years and originally occurred in the context of MVA and Work Comp injury. He still reported that the symptoms are intermittent and are made worse by work activities and alleviated by rest. The pain was still associated with limited range of motion of the neck and back. Physical examination revealed musculoskeletal inspection was normal and station was normal. No obvious pelvic obliquity was noted. The diagnoses included degenerative disc disease of the lumbar spine, cervical degenerative disc disease, lumbar radiculopathy, low back pain, and neck pain. The injured worker was evaluated on 05/15/2014 and it was documented that the injured worker stated he had improvement, especially in range of motion, but still does not have adequate strength to pursue activities associated with his occupation. Objective findings: his motion was full, with the exception of internal rotation, which lacks about 25 degrees. His strength to manual testing was 5/5. Distal neurovascular

examination was intact. There was no obvious tenderness or pain with strength testing. The provider noted he still had some functional weakness. He had a job which had heavy lifting, though the provider noted he could be returned to job at limited duties at this time, with 20-pound lifting restriction and likely could be returned to full duties in 6 to 8 weeks, pending further strength acquisition. Authorization for request dated 05/19/2014 was for 6-month gym membership and Functional Capacity Evaluation. The 6-month gym membership is for exercise and strengthening. The rationale for a Functional Capacity Evaluation: the provider noted it would be helpful to gain an objective measurement as to whether or not he would be able to return to work, given his lifting requirements, as that is an assessment that was difficult for the provider to do here in the office, and with his subjective impressions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) Month Gym Membership: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, Gym Membership.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) Gym Memberships.

Decision rationale: The requested is not medically necessary. According to the Official Disability Guidelines (ODG) does not recommend gym memberships as a medical as a medical prescription unless a home exercise program has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals. While an individual exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment, may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision. The documents submitted 05/15/2014 indicated the injured worker had improved in his range of motion from physical therapy however, the provider failed to submit documentation indicating out measurements home exercise regimen, medications and long-term functional goals for the injured worker. The request failed to indicate frequency and duration of membership. Given the above, the request for 6-month gym membership is not medically necessary.