MAXIMUS Federal Services

Case Number:	CM14-0012603		
Date Assigned:	02/21/2014	Date of Injury:	10/14/2009
Decision Date:	07/18/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	01/31/2014

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 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:

This case involves a 61-year-old female patient with a 10/14/09 date of injury. A 1/8/14 progress report indicates persistent aching and throbbing left knee pain and low back pain. A physical exam demonstrates antalgic gait, lumbar spasm, right sacroiliac joint tenderness, and positive FABER test, pelvic shear test, and stork test on the right side. There is limited lumbar range of motion and negative Waddell signs. The medic report from 2014 were reviewed, indicating persistent complaints.The treatment to date has included medication and activity modification. There is documentation of a previous 1/23/14 adverse determination because the requested program was considered unsupervised, and not rendered by medical professionals.

IMR ISSUES, DECISIONS AND RATIONALES

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

GYM MEMBERSHIP FOR SIX (6) MONTHS TO ONE (1) YEAR: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Lumbar & Thoracic (Acute and Chronic).

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 Membership.

Decision rationale: The Official Disability Guidelines do not recommend gym memberships unless a documented home exercise program, with a periodic assessment and revision has not been effective, and there is a need for equipment. In addition, the treatment needs to be monitored and administered by medical professionals. However, there is no evidence that attempts at home exercise were ineffective. There is no evidence that the patient would require specialized equipment. There is also no indication that treatment will be administered and monitored by medical professionals. In addition, gym memberships, health clubs, swimming pools, athletic clubs, etc., are not generally considered medical treatment. Therefore, the request is not medically necessary.