

Case Number:	CM14-0014692		
Date Assigned:	02/28/2014	Date of Injury:	04/15/2010
Decision Date:	07/02/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/05/2014

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 Minnesota. 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 27-year-old male with a reported injury date on 04/15/2010. The mechanism of injury was not provided. The injured worker's diagnoses include displacement of lumbar intervertebral disc without myelopathy and degeneration of intervertebral disc. The clinical note dated 01/09/2014 noted that the patient complained of bilateral low back pain with radiation of pain down the left S1 distribution of the lower extremity. It was noted that the pain was rated 7/10. In addition, it was noted that the patient complained of numbness and tingling in the left lower extremity, with stiffness and spasms of the low back. On examination of the lumbar spine, it was noted there were well healed surgical scar, normal motor examination, negative straight leg raise, and deep tendon reflexes of the lower extremities were +2 and symmetrical. It was noted within the plan of care the physician was requesting a six (6) month gym membership, so the patient could have access to an indoor heated pool to continue his exercise and have a venue to transition and continue land based exercise. The request for authorization for a gym membership was submitted on 01/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 (ODG), Chapter on the low back.

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, Gym memberships.

Decision rationale: The Official Disability Guidelines state that gym memberships are not recommended as a medical prescription unless a documented home exercise program, with periodic assessment and revision has not been effective. Additionally, treatment needs to be monitored and administered by medical professionals. There is lack of evidence within the available documentation that the injured worker would be supervised by medical professionals during the gym sessions. As such, this request is not medically necessary.