

Case Number:	CM14-0017299		
Date Assigned:	04/14/2014	Date of Injury:	06/27/2002
Decision Date:	05/30/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/11/2014

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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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 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 48-year-old male who reported an injury on 06/27/2002. The mechanism of injury was not provided for review. The injured worker ultimately underwent a 3 level fusion. Post-surgical pain was managed conservatively until a recent fall which caused a worsening in symptoms. The injured worker was evaluated on 03/05/2014. It was documented that the patient was provided cortisone shot to his left arm that did provide symptom relief. No physical examination findings were provided at this appointment. The injured worker was again evaluated on 04/02/2014. It is documented that a request for a gym membership was denied. The injured worker was encouraged to participate in lifestyle and diet changes to control weight and should modify and pace activities to avoid frequent flare ups. Request was made for a gym membership 24 hour fitness for 12 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

GYM MEMBERSHIP (24 HOUR FITNESS) FOR 12 MONTHS: 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)- Gym Memberships.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back Chapter, Gym Memberships.

Decision rationale: The Expert Reviewer's decision rationale: The clinical documentation submitted for review did not provide any justification for the request. California Medical Treatment Utilization Schedule does not address gym memberships. Official Disability Guidelines do not recommend gym memberships as a medical prescription. There was no clinical documentation submitted for review to support that the injured worker had failed to progress through a home exercise program and required equipment that could not be provided within the home. As such, the requested gym membership (24 hour fitness) for 12 months is not medically necessary or appropriate.