

Case Number:	CM14-0111721		
Date Assigned:	08/01/2014	Date of Injury:	03/17/2008
Decision Date:	09/09/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/17/2014

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 56 year old female with a work injury dated 3/17/08. The diagnoses include lumbar disc displacement without myelopathy, L5-S1 stenosis, left DeQuervain's tenosynovitis. Under consideration is a request for a gym membership. There is a primary treating physician report dated 6/6/14 that states that the patient complains of low back pain radiating to the right thigh. She has bilateral hip pain. She has right knee pain. She has neck soreness. On exam there is decreased lumbar range of motion. Muscle motor strength intact except for left weaker than right EHL strength. There is decreased sensation over the right lateral calf. The straight leg raise is negative. There is a supplemental report from this date that requests authorization for a gym membership so that the patient can use a Precor elliptical to strengthen her core muscles.

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: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise. Decision based on Non-MTUS Citation ODG-TWC Low Back Procedure Summary last updated 07/03/2014, and TriCare Guidelines Policy Manual 6010.54.

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 & Thoracic (Acute & Chronic)- Gym memberships.

Decision rationale: Gym membership is not medically necessary per the ODG Guidelines. The MTUS Guidelines do not address gym membership. The ODG does not recommend gym membership as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals. With unsupervised programs there is no information flow back to the provider, so he or she can make changes in the prescription, and there may be risk of further injury to the patient. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment, and are therefore not covered under these guidelines. The documentation submitted does not reveal that periodic assessment and revision of a documented home exercise program has not been effective. The request for gym membership is not medically necessary.