

Case Number:	CM14-0122332		
Date Assigned:	09/25/2014	Date of Injury:	01/09/2011
Decision Date:	11/03/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	08/04/2014

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 Preventative Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 patient is a 57 year old employee with date of injury of 11/9/2011. Medical records indicate the patient is undergoing treatment for lumbar disc bulge, radicular pain, status post left knee surgery, left ankle/foot strain, cervical disc bulge, thoracic strain, right elbow strain, left elbow strain, and cephalgia. Subjective complaints include pain in low back, left knee, left ankle, neck, upper back, right elbow, left elbow, head, and right small finger. Objective findings include AME diagnosis of lumbar disc disease and bilateral knee internal derangement/chondromalacia. Patient has reached MMI and is P&S for this injury. Treatment has consisted of shockwave therapy and aquatic therapy, 1/week for six weeks. Future medical care includes orthopedic evaluation/spine evaluation, medications and abbreviated courses of physical therapy, injection, possible knee arthroscopy, and repeat diagnostics. The utilization review determination was rendered on 7/16/2014 recommending non-certification of a one-year gym membership.

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 ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 22, 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

gym membership Other Medical Treatment Guideline or Medical Evidence:
http://www.nhlbi.nih.gov/guidelines/obesity/bmi_tbl.pdf

Decision rationale: The patient has a history of low back pain. The MTUS guidelines are silent as to gym memberships so the Official Disability Guidelines were consulted. The treating physician did not provide documentation of a home exercise program with supervision or a current height and weight. The official disability guidelines state "gym memberships are not recommended 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." The official disability guidelines go on to state "Furthermore, treatment needs to be monitored and administered by medical professionals". The request for a one year gym membership is not medically necessary.