

Case Number:	CM14-0126956		
Date Assigned:	08/13/2014	Date of Injury:	06/12/2009
Decision Date:	10/27/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	08/11/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain with an industrial injury of June 12, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; earlier lumbar fusion surgery; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated July 10, 2014, the claims administrator denied a request for gym membership. The applicant's attorney subsequently appealed. In June 3, 2014 progress note, the applicant reported persistent complaints of low back pain. The applicant apparently exhibited a normal gait and normal lower extremity neurologic function. A pain management consultation was endorsed. In a handwritten prescription of the same date, June 3, 2014, a six-month gym membership was also endorsed. The applicant's work status was not furnished.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership for 6 months: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 299, 301.
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lumbar Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83.

Decision rationale: As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 5, page 83, to achieve functional recovery, the applicant's must assume certain responsibilities, one of which include adhering to and maintaining exercise regimens. The gym membership being sought by the attending provider, per ACOEM, thus, is an article of the applicant responsibility as opposed to an article of payer responsibility. The attending provider's handwritten prescription, furthermore, failed to furnish any compelling applicant specific rationale, which might offset the unfavorable ACOEM position on the article in question. Therefore, the request is not medically necessary.