

Case Number:	CM14-0128093		
Date Assigned:	08/18/2014	Date of Injury:	08/18/2010
Decision Date:	09/15/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/13/2014

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 Neurological Surgery, 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 records presented for review indicate that this 42-year-old gentleman was reportedly injured on August 8, 2010. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated July 2, 2014, indicates that there are ongoing complaints of apparent cervical and lumbar spine pain. The physical examination demonstrated decreased cervical spine range of motion. There was a normal upper extremity neurological examination. Examination of the lumbar spine revealed tenderness along the paraspinal muscles, decreased lumbar spine range of motion, and a negative straight leg raise test bilaterally. Diagnostic imaging studies of the cervical spine revealed cervical stenosis at C4 - C5 with cord indentation. Previous treatment includes is unknown. A request had been made for a one year gym membership with pool access and was not certified in the pre-authorization process on July 30, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE-YEAR GYM MEMBERSHIP WITH POOL ACCESS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, LOW BACK-LUMBAR & THORACIC (ACUTE AND CHRONIC).

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 and Thoracic, Gym Memberships, Updated August 22, 2014.

Decision rationale: According to the Official Disability Guidelines a gym membership is not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is need for additional equipment. Additionally exercise in a gym for a medical treatment needs to be monitored and administered by medical professionals. As there is no documentation of these requirements, this request for a One Year Gym Membership With Pool Access is not medically necessary.