

Case Number:	CM14-0132653		
Date Assigned:	08/22/2014	Date of Injury:	06/16/1969
Decision Date:	09/22/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/19/2014

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 and is licensed to practice in New York. 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 67-year-old male retired police officer with a date of injury of 06/16/1969 and 08/31/1988. On 08/31/1988 he was standing on a 4 foot wall and fell. He had low back pain, neck pain, buttock pain and left shoulder pain. He was told he had a L4 compression fracture. He has chronic neck, back and shoulder pain. He can ride his bike 8 to 9 miles but then has back pain and leg pain. He has shoulder pain and restricts his lifting to 40 pounds once or 25 pounds repetitively. He has had extensive physical therapy and massage therapy. He drives up to 1.5 hours.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership 1 year (retro between 7/18/14 and 7/31/15): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 8 Neck and Upper Back Complaints Page(s): 165-188; 287-315. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Back pain, Gym membership.

Decision rationale: The patient has chronic neck, shoulder and back pain. He had physical therapy and rides his bike 8 to 9 miles. He lifts weights of 25 pound several times. He has a

home exercise program. MTUS ACOEM guidelines for neck and back complaints do not mention gym membership as a recommended treatment. ODG specifically notes "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 need for equipment. Plus, treatment needs to be monitored and administered by medical professionals. "There is no information flow back to the provider. Gym memberships are not medical necessary.