MAXIMUS Federal Services

Case Number:	CM14-0134423		
Date Assigned:	08/27/2014	Date of Injury:	12/08/1994
Decision Date:	09/26/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	08/20/2014

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 Family 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 patient is a 73-year-old male who has submitted a claim for lumbar disc disorder, lumbar spinal stenosis, and lumbar radiculopathy associated with an industrial injury date of December 8, 1994. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of persistent low back pain and poor sleep quality. On examination of the lumbar spine, patient was found to have a grossly normal inspection, restricted range of motion, and tenderness over the sacroiliac spine. Neurologic examination of the lower extremities was essentially normal except for motor strength of EHL of 4/5 on the right, decreased light touch sensation over the lateral and medial side of the right foot, knee jerk of 1/4 on the right and 2/4 on the left and an ankle jerk of 1/4 on both sides. Treatment to date has included medications, physical therapy, Lidoderm patches and gym exercises. Patient noted that his medications were working well and his Lidoderm patches and gym exercises helped reduce his low back pain. Utilization review from August 13, 2014 denied the request for one gym member ship because gym memberships are not generally considered medical treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

One gym member ship: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Lumbar & Thoracic (Acute & 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 Chapter, Gym Membership.

Decision rationale: The CA MTUS does not address the topic of gym membership specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Low Back Chapter, Gym Membership was used instead. It states that gym memberships are not recommended as a medical prescription unless the documented home exercise program has been ineffective and there is a need for specialized equipment; treatment needs to be monitored and administered by medical professionals. In this case, the patient has been on a routine fitness program since at least April 2014. However, there was no evidence that the patient had a home exercise program that had been ineffective. Furthermore, there was no discussion regarding the need for certain gym equipment and whether treatment will be monitored or administered by a health professional. Moreover, patient has completed physical therapy sessions and is expected to be well-versed in a self-directed home exercise program by now. There was no evidence that a home exercise program would be ineffective. The medical necessity for a gym membership has not been established. Therefore, the request for One Gym Membership is not medically necessary.