

Case Number:	CM14-0134593		
Date Assigned:	08/27/2014	Date of Injury:	03/09/1999
Decision Date:	09/25/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/21/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in Maryland. 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 60 year old female with a work injury dated 2/24/54. The diagnoses include lumbar stenosis. Under consideration is a request for a gym membership. There is no office visits included in the documentation submitted. There is an appeal dated 93/14 that states that the patient would otherwise be going to physical therapy for ongoing treatment of her industrial low back condition. The patient is very motivated to avoid physical therapy and engage in her own program of strengthening and improve her range of motion and function. She has attempted a home exercise program and has not been finding success with it. She requires access to water therapy and equipment not available at home. The provider requests reconsideration of a gym membership in lieu of ongoing supervised physical therapy. It ultimately would be a lower cost alternative for the patient to independently treat her pain condition.

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 Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Hip and Pelvis.

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 & Thoracic (Acute & Chronic)(updated 12/27/13)Gym memberships.

Decision rationale: A gym membership is not medically necessary per the ODG Guidelines. The MTUS does not specifically address gym memberships. The ODG does not recommend gym membership 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. Plus, treatment needs to be monitored and administered by medical professionals. With unsupervised programs there is no information flow back to the provider, so he or she can make changes in the prescription, and there may be risk of further injury to the patient. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment, and are therefore not covered under these guidelines. The documentation submitted does not reveal evidence of a periodic assessment and revision of a documented home exercise program that was performed and has not been effective. The request for gym membership is not medically necessary.