MAXIMUS Federal Services

Case Number:	CM14-0140429		
Date Assigned:	10/08/2014	Date of Injury:	01/19/2000
Decision Date:	11/07/2014	UR Denial Date:	08/16/2014
Priority:	Standard	Application Received:	08/29/2014

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 Anesthesiology and is licensed to practice in Tennessee, North Carolina, and Georgia. 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 injured worker is a 47-year-old male with a reported injury on 01/19/2000. The mechanism of injury was due to a fall. The injured worker's diagnoses included lumbar disc disease and right knee strain. The injured worker's past treatments included physical therapy and medications. The injured worker's diagnostic testing included an MRI to the lumbar spine on 08/25/2011, which revealed degenerative disc disease at L4-5 and L5-S1. There were no relevant surgeries documented. On 07/30/2014, the injured worker complained of low back pain and stiffness, as well as, pain and popping to the right knee. He reported that physical therapy was helpful. On physical examination, the injured worker was noted to have tenderness to the lumbar spine with decreased range of motion. There was crepitation in the right knee. The request was for a 1 year gym membership. The rationale for the request was not provided. The Request for Authorization form was signed and submitted on 08/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Year gym membership: Upheld

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

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, Gym memberships

Decision rationale: The request for 1 year gym membership is not medically necessary. The Official Disability Guidelines do not recommend gym memberships as 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. While an individual exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment may not be covered under this guideline. Although temporary transitional exercise programs may be appropriate for patients who need more supervision. 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 coved under these guidelines. The injured worker reported that physical therapy was helpful. The documentation did not provide evidence that indicated that there was a need for equipment. In the absence of documentation with evidence of significant objective functional improvements since physical therapy and a documented home exercise program with a need for equipment, the request is not supported. Therefore, the request is not medically necessary.