

Case Number:	CM14-0147112		
Date Assigned:	09/15/2014	Date of Injury:	05/25/2011
Decision Date:	11/17/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/10/2014

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 Emergency 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 injured worker is a 64 year-old female who sustained an injury on May 25, 2011. The mechanism of injury and pertinent diagnostics were not noted. Treatments have included: medications, physical therapy, home exercise program. The current diagnoses are: lumbar disc disease and disc displacement, cervical disc disease, depression, anxiety. The stated purpose of the request for monthly gym membership, quantity: 4, was to provide monitoring and gradual improvement in decreased pain level and increasing function including fall avoidance. The request for monthly gym membership, quantity: 4, was denied on September 3, 2014, citing a lack of documentation of monitoring and ineffectiveness of a home exercise program. Per the report dated August 19, 2014, the treating physician noted complaints of neck and low back pain with radiation to the left lower extremity. Exam findings included lumbar and sacroiliac (SI) joint tenderness and cervical midline tenderness.

IMR ISSUES, DECISIONS AND RATIONALES

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

Monthly gym membership, quantity: 4: 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) Gym memberships

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Gym Memberships

Decision rationale: The requested monthly gym membership, quantity: 4, is not medically necessary. In the CA MTUS Chronic Pain Treatment Guidelines, Exercise, pages 46-47, exercise is "Recommended. There is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen." ODG note that gym memberships are "Not recommended as a medical prescription unless a home exercise program 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." The injured worker has neck and low back pain with radiation to the left lower extremity. The treating physician has documented lumbar and SI joint tenderness, and cervical midline tenderness. The treating physician has not documented failed home exercise or specific equipment needs that support the medical necessity for a gym membership. The criteria noted above not having been met, therefore, the request is not medically necessary.