

Case Number:	CM14-0152388		
Date Assigned:	09/22/2014	Date of Injury:	08/30/1982
Decision Date:	10/22/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/18/2014

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 Occupational 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 58-year-old male who has submitted a claim for lumbar disc disorder, low back pain, chronic pain syndrome and depression with anxiety associated with an industrial injury date of August 30, 1982. Medical records from 2014 were reviewed, which showed that the patient complained of pain in the neck, mid and lower back, right buttock, right posterior thigh, bilateral knee and right foot. Objective findings are not available because the only progress note available, dated August 27, 2014, puts "Unchanged: The patient's examination is unchanged from the previous visit" in the objective section. Treatment to date has included medications, breathing/relaxation, and TENS. The progress note also advised to encourage HEP. Utilization review from September 12, 2014 denied the request for Gym membership for 6 months for the lumbar spine. The reason for denial was not available for review because of missing UR pages.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership for 6 months for the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Gym memberships

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 limited records provided do not show that the home exercise program has been documented to be ineffective nor do they show that there is a need for specialized equipment. There is also no mention that there is a plan to monitor the gym activities of the patient by medical professionals. Therefore, the request for Gym membership for 6 months for the lumbar spine is not medically necessary.