

Case Number:	CM14-0154935		
Date Assigned:	09/24/2014	Date of Injury:	05/31/1994
Decision Date:	12/04/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/22/2014

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 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 74-year-old male who reported an injury on 05/31/1994. The mechanism of injury was not submitted for clinical review. The injured worker's diagnoses were not submitted for clinical review. Previous treatments included medication, TENS unit, and exercise. Within the clinical documentation submitted dated 07/15/2014 it was reported the injured worker complained of low back pain and neck pain. He rates his pain 8/10 to 9/10 in severity. He reported having tingling in his fingers. Upon the examination the provider noted the injured worker to have mild hypertension. A request was submitted for a lifetime gym membership to the [REDACTED]. However, a rationale was not submitted for clinical review. The Request for Authorization was not submitted for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lifetime gym membership to [REDACTED]: 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, 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, Gym Membership.

Decision rationale: The Official Disability Guidelines do not recommend a gym membership as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is need for equipment. Plus, treatment needs to be monitored and administered by a medical professional. While the individual exercise program is of course recommended, more elaborate personal care for outcomes are monitored by a health professional, such as a gym membership or advanced home exercise equipment, may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for the injured worker who needs more supervision. Gym memberships, health clubs, swimming pools, and athletic clubs would not generally be considered medical treatment and therefore, are not covered under the guidelines. There is lack of documentation indicating the injured worker had participated in a home exercise program with periodic assessment and revision which has been ineffective. The clinical documentation submitted for review did not provide an adequate clinical rationale as to an ineffective home exercise program and the need for specific gym equipment. There was a lack of an adequate assessment of the injured worker's functional condition. Therefore, the request is not medically necessary.