

Case Number:	CM14-0155495		
Date Assigned:	09/25/2014	Date of Injury:	09/01/2011
Decision Date:	11/19/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/23/2014

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:

Injured worker is a male with date of injury 9/1/2011. Per visit note dated 8/1/2014, the injured worker complains of low back pain. He states that there has been no change in his pain and it is made worse with bending, lifting, sitting on chairs and prolonged standing and walking. He has been informed that is indicated for a surgical intervention for the lumbar disk protrusion. He is quite ambivalent about surgery. His primary treatments include rest, exercise including swimming and stretching and ibuprofen. He does hope that he can further consolidate his exercise program with a gym membership. He has had epidural injection without benefit. On examination there are no gait and station abnormalities observed. Muscle tone is normal without atrophy in all four extremities. Strength is 5/5 throughout bilateral lower extremities. Sensation is intact to light touch and pinprick bilaterally to the lower extremities. Straight leg raise is negative. Spasm and guarding is noted in lumbar spine. Lumbar spine motor strength is 5/5 to hip flexion, hip extension, knee extension, knee flexion, ankle eversion, ankle inversion and extensor hallicus longus. Diagnosis is lumbar disc displacement without myelopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Health Club Membership Trial for 13 weeks: 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 chapter, Gym Membership section

Decision rationale: The MTUS Guidelines do not address gym memberships to provide access for self directed therapy. 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. Treatment needs to be monitored and administered by medical professionals to monitor outcomes. With unsupervised programs there is no information flow back to the provider, so changes in the prescription can be made, 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. The requesting physician explains that the injured worker would like to try a gym membership to help consolidate his exercise program. His primary treatments include rest, exercise including swimming and stretching and ibuprofen. His exercise does not appear to be extensive, or requiring equipment that can only be provided by a gym membership. There is not evidence of a closely monitored home exercise program with periodic assessments and revisions. The request for Health Club Membership Trial for 13 weeks is determined to not be medically necessary.