

Case Number:	CM14-0159648		
Date Assigned:	10/03/2014	Date of Injury:	11/22/2005
Decision Date:	11/03/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	09/29/2014

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 Family 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:

This is a 63-year-old female with an 11/22/05 date of injury. A specific mechanism of injury was not described. According to a progress report dated 8/28/14, the patient has undergone 90-days of a gym and swim program with significant benefit reporting a 50% to 60% reduction in symptoms with a corresponding drop in her medications. She continues to go to swim and gym program. The provider is requesting an additional 90 days of the gym and swim program including Pilates. Objective findings: slightly antalgic gait, tenderness over sciatic notches and a palpable step-off at the midline at the lumbosacral junction, abnormal motor testing in the quads bilaterally at 4.5/5, sensory testing is normal in L5 dermatome on the left. Diagnostic impression: chronic musculoligamentous strain/sprain of the lumbosacral spine with right greater than left lower extremity radiculitis secondary to underlying degenerative disc disease with stenosis and instability greatest at L4-5. Treatment to date: medication management, activity modification, gym membership. A UR decision dated 9/15/14 denied the request for gym membership. As gym exercises are not supervised by medical practitioners, and exercises are not tailored to the claimant's specific condition, this may pose additional risks for re-injury or flare-up when performed incorrectly.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership 90 days or gym work, swim: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC, Low Back Procedure Summary

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: ODG does not recommend gym memberships unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. In addition, treatment needs to be monitored and administered by medical professionals. However, there is no evidence that attempts at home exercise were ineffective. There is no evidence that the patient would require specialized equipment. There is also no indication that treatment will be administered and monitored by medical professionals. In addition, gym memberships, health clubs, swimming pools, athletic clubs, etc., are not generally considered medical treatment. Therefore, the request for Gym membership 90 days or gym work, swim was not medically necessary.