

Case Number:	CM14-0170795		
Date Assigned:	10/23/2014	Date of Injury:	02/21/2013
Decision Date:	11/21/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/15/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine 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 39-year-old male with an injury date of 02/21/13. Based on the 08/20/14 progress report provided by [REDACTED] the patient complains of neck and low back pain rated 8-9/10. His pain occasionally radiates down to his calf. Patient continues to have difficulty walking and works full duty in construction. Physical examination revealed decreased range of motion to the cervical and lumbar spines. His medications include Pamelor, Naproxen and Norco. He has had 20 physical therapy, 14 chiropractic and 12 sessions of acupuncture. Treater is requesting three months trial of gym membership to continue with exercises patient performed at physical therapy, in an attempt to further decrease pain and increase activity level. Diagnosis 08/20/14- lumbar radiculopathy- lumbar disc herniation at L5-S1- thoracic disc herniations at T4-5 and T7- [REDACTED] is requesting three month trial gym membership. The utilization review determination being challenged is dated 09/25/14. The rationale is "not recommended 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..." [REDACTED] is the requesting provider and he provided treatment report dated 08/20/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Three Month Trial Gym Membership: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee chapter, Gym membership

Decision rationale: The patient presents with neck and low back pain rated 8-9/10. The request is for three month trial gym membership. His diagnosis dated 08/20/14 includes lumbar radiculopathy, lumbar disc herniation at L5-S1 and thoracic disc herniations at T4-5 and T7-8. He has had 20 physical therapy, 14 chiropractic and 12 sessions of acupuncture. MTUS and ACOEM guidelines are silent regarding gym membership. However, the following is stated in ODG guidelines on Gym membership for Knee Chapter states that "it may be reasonable if home exercise has been ineffective and if there is a need for special equipment." Treater states in progress report dated 08/20/14 that he is requesting three months trial of gym membership to continue with exercises patient performed at physical therapy, in an attempt to further decrease pain and increase activity level. While a three month trial may be reasonable, treater has not documented why home exercise was ineffective, nor indicated need for special equipment. Given lack of documentation to make a decision based on guidelines. The request is not medically necessary.