

Case Number:	CM14-0174856		
Date Assigned:	10/28/2014	Date of Injury:	11/01/2000
Decision Date:	12/04/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/22/2014

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 Internal 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 injured worker (IW) is a 59-year-old man who sustained an industrial injury on November 1, 2000. The mechanism of injury was not provided in the medical records provided for review. Pursuant to the August 12, 2014 progress note, the IW presents for follow-up of mitral stenosis/insufficiency as well as hypertension. The work related injury was not referenced in the medical records provided for review. The notes does point out that the IW has not been exercising on a regular basis. Past medical history is significant for multiple cardiac illnesses. The IW had knee surgeries X 4, dates not provided. The request for authorization dated September 15, 2014 indicated a request for [REDACTED] Gym Membership. The documented diagnoses for the gym membership include: Mitral stenosis/insufficiency, Hypertension, and PVC's. There is no mention of lumbar spine in the authorization request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership: one year (lumbar spine): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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 Memberships

Decision rationale: Pursuant to the Official Disability Guidelines, the requested gym membership (lumbar spine) is not medically necessary. Gym memberships are 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. With unsupervised programs there is no information flow back to the provider, so he or she can make changes in the prescription, and there may be risk of further injury to the patient. Gym memberships, health clubs, swimming pools would not generally be considered medical treatment and are therefore not covered under these guidelines. In this case, the injured worker had a history of mitral stenosis and mitral regurgitation. There is no mention of any work-related injury. The documentation/request for authorization for the gym membership focuses on mitral stenosis/insufficiency, hypertension and PVCs. There is no mention of lumbar spine in the authorization. Regardless, gym memberships are not recommended as a medical prescription and would generally not be considered medical treatment under these guidelines. Based on information from the medical record and the peer-reviewed evidence-based guidelines, the Gym Membership is not medically necessary.