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| Case Number: | CM14-0181280 | | |
| Date Assigned: | 11/06/2014 | Date of Injury: | 07/22/1994 |
| Decision Date: | 12/09/2014 | UR Denial Date: | 10/20/2014 |
| Priority: | Standard | Application Received: | 10/31/2014 |

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 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 53-year-old female who reported an injury on 07/22/1994. The mechanism of injury was not submitted for clinical review. The diagnoses included chronic low back pain, degenerative lumbar spondylosis, myofascial pain syndrome, chronic neck pain, degenerative cervical spondylosis, pain disorder with psychological/general medical condition, and insomnia due to chronic pain. The previous treatments included medication and trigger point injections. Within the clinical note dated 10/07/2014, it was reported the injured worker complained of chronic neck pain and low back pain due to degenerative spondylosis. Upon the physical examination, the provider noted the injured worker had decreased range of motion with forward flexion of 60 degrees and extension of 15 degrees, with radicular pain into both legs. The provider noted muscle spasms of the lumbar paraspinal/gluteus. The injured worker had guarding of the left lower extremity. There was a positive straight leg raise. A request was submitted for a gym membership. 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:

Gym membership for 12 months: 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) Gym Membership

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 gym membership as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been found 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 healthcare professionals, such as gym membership or advanced home exercise equipment, may not be covered under this guideline. Although temporary transitional exercise programs may be appropriate for the patients who need 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 a lack of documentation indicating the injured worker had participated in a home exercise program with periodic assessment and revision which has been effective. The documentation submitted for review did not provide an adequate and clinical rationale as to an ineffective home exercise program or the need for specific gym equipment. There is a lack of functional deficits found on the physical examination. Therefore, the request is not medically necessary.