

Case Number:	CM14-0181951		
Date Assigned:	11/06/2014	Date of Injury:	05/21/1990
Decision Date:	12/11/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	11/03/2014

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 71 year old male patient who sustained an injury on 5/21/1990. The current diagnosis includes chronic pain syndrome and lumbar spondylosis. Per the doctor's note dated 7/16/14, he was doing well with gym membership. Physical examination revealed weight- 228 pounds and BP- 158/61 mmHg. Detailed clinical evaluation was not specified in the records provided. The medications list includes tramadol, lidoderm patch, fish oil, lisinopril, lovastatin and tamsulosin. Previous operative or procedure note related to the injury was not specified in the records provided. Prior diagnostic study reports were not specified in the records provided. Other therapy for this injury was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 month 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 (ODG) Gym Memberships

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Chapter: Low Back (updated 11/21/14) Gym memberships

Decision rationale: ACOEM and CA MTUS do not address this request. Per the ODG guidelines gym membership 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. Plus, treatment needs to be monitored and administered by medical professionals. While an individual exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment, may not be covered"Any contraindication to a simple home exercise program without specialized equipment is not specified in the records provided. The rationale for the need of a gym membership is not specified in the records provided. Response to previous conservative therapy is not specified in the records provided. In addition per the cited guidelines "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." The medical necessity for 12 month gym membership is not fully established at this time for this patient.