

Case Number:	CM14-0186022		
Date Assigned:	11/13/2014	Date of Injury:	12/22/2001
Decision Date:	12/16/2014	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/07/2014

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 Practice and is licensed to practice in Ohio. 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 51 year old male with a date of injury of 12-22-2001 when he fell off a roof, injuring his back. His diagnoses include lumbar facet disease, chronic pain syndrome, cervicgia, and osteoarthritis of the left radial head. The physical exam reveals tenderness to palpation of the lower lumbar spine, diminished lumbar and cervical range of motion, bilateral hypesthesia in the L5 dermatome region, diminished left elbow range of motion, and a flexor tendon contracture of the left elbow. He has had physical therapy and the treating physician notes a failure of a home exercise program. The treating physician is requesting a gym membership and says that monitoring will be done by the physician. Back surgery has been recommended to the injured worker but he has declined. He has been taking 3-4 Norco 10/325 mg a day for several years.

IMR ISSUES, DECISIONS AND RATIONALES

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

A three month gym membership: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 memberships

Decision rationale: 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. 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 under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision. 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, athletic clubs, etc., would not generally be considered medical treatment, and are therefore not covered under these guidelines. In this instance, the injured worker has been attending the [REDACTED] and has been making use of specialized equipment as a consequence of the left elbow osteoarthritis. The treating physician documents a previous home exercise program failure and indicates that monitoring of the gym membership/exercise program will occur with the physician's office. Therefore, a 3 month gym membership is medically necessary under the cited guidelines.