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| Case Number: | CM14-0022182 | | |
| Date Assigned: | 05/09/2014 | Date of Injury: | 07/25/2006 |
| Decision Date: | 07/09/2014 | UR Denial Date: | 01/22/2014 |
| Priority: | Standard | Application Received: | 02/21/2014 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Physical Medicine & Rehabilitation and Pain Management, 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 Physician 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 49 year old male with an injury date on 07/25/06. Based on the 01/14/13 progress report provided by [REDACTED] the patient complains of low back pain that radiates up the back and around the chest area. He also has bilateral lower extremity numbness and tingling that radiates down the lower extremity posteriorly and onto the toes, left greater than the right. The patient's diagnoses include the following: 1. Sciatica; 2. Lumbar disc displacement without myelopathy; 3. Degeneration lumbar lmb sac di; 4. Disorders sacrum. [REDACTED] is requesting a twelve month gym membership. The utilization review determination being challenged is dated 01/24/14. [REDACTED] is the requesting provider, and he provided treatment reports from 07/19/13- 02/11/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE (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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG).

Decision rationale: According to the 01/13/14 report by the treating provider, the injured worker presents with low back pain that radiates up the back and around the chest area. The injured worker also has bilateral lower extremity numbness and tingling that radiates down the lower extremity posteriorly and onto the toes, left greater than the right. The request is for a twelve month gym membership. The 01/13/14 report states that the injured worker was able to "perform some exercises at home, such as stretching in the hot tub, and yoga, but notes that is hard to find the right balance. The injured worker recalls having a gym membership with benefit. Since the injured worker no longer had this, the injured worker notes having lost strength, gained weight, and notes increased tightness and stiffness. The injured worker notes not having equipment at home to allow performance of certain exercises that were very helpful at the gym." However, no specific exercise machines or equipment are mentioned. The treating provider does not provide any specific reason as to why the exercise cannot be performed at home, what special needs there are for a gym membership and how the injured worker is to be supervised during exercise. The MTUS and ACOEM guidelines are silent regarding gym membership but the ODG guidelines indicate that it 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 need for equipment." In this case, there are no discussions regarding a need for a special equipment and failure of home exercise as well as why a gym is needed to accomplish the needed exercises. Recommendation is for denial.