

Case Number:	CM14-0022649		
Date Assigned:	06/11/2014	Date of Injury:	01/19/2006
Decision Date:	07/30/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	02/24/2014

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 and 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 patient is a 57 year old male who was injured on 1/19/06 when he was in an elevator which suddenly dropped down, causing him to hit his head and back on the wall. Prior medication history includes Bisacodyl, Glyburide, Gralise, Oxycontin, terocin lotion, Oxycodone, Docusate sodium, cyclobenzaprine, Viagra, and metformin. He was treated conservatively with 7/12 sessions of physical therapy. The patient underwent cervical spine fixation surgery. An office visit note dated 2/6/14 indicates that the patient presented with complaints of upper and lower back pain rated as 9/10. He has associated numbness and tingling, weakness, bowel dysfunction and headaches. Objective findings on exam revealed tenderness to palpation in the mid trapezius bilaterally. Trigger points palpated in the upper trapezius, mid trapezius and lower trapezius bilaterally. Range of motion of the cervical spine reveals flexion to 10 degrees; extension to 0 degrees; rotation to the left 20 degrees, and to the right 20 degrees. The lumbar spine reveals forward flexion to 40 degrees; extension to 10 degrees; lateral bending to the left 20 degrees; lateral bending to the right 20 degrees; rotation to the left 10 degrees; rotation to the right 10 degrees. He had decreased sensation in digits 1-4 of the bilateral hands. Diagnoses are cervical spondylosis with myelopathy, sprains and strains of lumbar region, sciatica, and abnormality of gait.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROSPECTIVE REQUEST FOR 1 YEAR GYM MEMBERSHIP: Upheld

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.

Decision rationale: The California MTUS guidelines do not discuss the issue in dispute. Per the Official Disability Guidelines, 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. Treatment needs to be monitored and administered by medical professionals. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment. Furthermore, there is no documentation of trial and failure of home exercise program to necessitate a gym membership. Therefore, the request is not medically necessary.