

Case Number:	CM14-0024619		
Date Assigned:	06/11/2014	Date of Injury:	11/01/2006
Decision Date:	07/15/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/26/2014

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 55-year-old female who reported an injury on 12/27/2007. The mechanism of injury was not provided for clinical review. Within the clinical note dated 12/12/2013, the injured worker complained of chronic pain in multiple body parts. She reported her pain level to be rated 5/10 in severity. The injured worker reported her pain was worse at night than in the morning. The injured worker reported doing aquatic therapy exercises. Upon the physical exam, the provider noted the injured worker to be in no cardiorespiratory distress. There was no evidence of sedation. The provider noted the injured worker to have an antalgic gait. The medication regimen prescribed was Cymbalta, gabapentin, and naproxen. The provider requested for gym membership with pool access x13 weeks. Request for authorization was provided and submitted 01/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

GYM MEMBERSHIP WITH POOL ACCESS TIMES 13 WEEKS: 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 (ODG), Low Back, Gym Membership.

Decision rationale: The request for gym membership with pool access x13 weeks is non-certified. The injured worker complained of chronic pain in multiple body parts. The injured worker rated her pain at 5/10 in severity. The Official Disability Guidelines do not recommend a gym membership 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. Thus, treatment needs to be monitored and administered by a medical professional. While the individual exercise program is of course recommended, more elaborate personal care outcomes are monitored by a healthcare professional such as a gym membership 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. Gym memberships, health clubs, swimming pools, and athletic clubs would not generally be considered medical treatment and therefore are not covered under the guidelines. The documentation submitted for review did not provide an adequate clinical rationale as to an ineffective home exercise program or the need for specific gym equipment. The provider failed to provide an adequate assessment of the patient's functional condition. Therefore, the request for gym membership with pool access x13 weeks is non-certified.