

Case Number:	CM14-0025578		
Date Assigned:	06/16/2014	Date of Injury:	10/29/2008
Decision Date:	07/17/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/28/2014

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 Occupational 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:

The patient is a 50 year old female who was injured on 10/29/08 due to lifting boxes of charts. Prior treatment history has included epidural injection to the lumbosacral spine on 1/23/14. A progress note dated 11/25/13 documents the patient with complaints of chronic low back pain. The available medical records do not document objective findings. There is mention of an MRI performed on 10/29/13 of the lumbar spine that reveals multilevel chronic disc degeneration with facet arthrosis, spinal stenosis at L5-S1 (and to a lesser extent at L3-L4, L4-L5 and L5-S1), and posterior disc herniation at L5-S1. Diagnoses include moderately severe multilevel osteoarthritis of the lumbar spine, and chronic low back pain. A progress note dated 1/8/14 documents that the patient states her back pain limits the ability for her to exercise. At this point she does not have an appropriate exercise opportunity.

IMR ISSUES, DECISIONS AND RATIONALES

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

GYM MEMEBERSHIP WITH POOL ACCES (MONTH) QTY: 6.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 114; and the Official Disability Guidelines.

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. As 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. Plus, treatment needs to be monitored and administered by medical professionals. While an individual exercise program is recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym membership or advanced home exercise program, may not be covered under this guideline, although temporary transitional exercise program may be appropriate for patients who need more supervision. There is no documentation of failed home exercise or specific equipment needs to support the medical necessity for a gym membership. Based on the Official Disability Guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.