

Case Number:	CM14-0026789		
Date Assigned:	06/13/2014	Date of Injury:	10/31/2013
Decision Date:	07/16/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	03/03/2014

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 injured worker is 32 year old male who reported an injury on 10/31/2013 due to a strain received pulling a pallet of soda. The injured worker complained of low back pain down to the legs. The injured worker stated that pain was alleviated once he was up and walking around. There was no measurable pain documented. Physical examination showed that range of motion of the lumbar spine and thoracic spine were all within normal limits. MRI obtained on 01/15/2014 revealed grade 1 spondylolisthesis of L5 on S1 with cortical offset of about 5-6 mm and mild disc space narrowing at the L4-5, L5-S1. No evidence of fracture, paraspinal soft tissue mass lesion or abnormal bone marrow edema. The injured worker has a diagnosis of lumbar sprain and strain. The notes indicated that the injured worker was not using any medications or receiving any physical therapy. The treatment plan is for Gym Membership Or Workout Machines. The rationale and request for authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

GYM MEMBERSHIP OR WORKOUT MACHINES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Section Page(s): 46-47.

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 Chapter, Gym Membership Section.

Decision rationale: The request for gym membership or workout machines is non-certified. The injured worker complained of low back pain down to the legs. The injured worker stated that pain was alleviated once he was up and walking around. The Official Disability Guidelines states that 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. There is a lack of evidence showing that the injured worker tried a home exercise program with periodic assessment and revision. There is also a lack of documentation showing that the injured worker was unsuccessful with the initial start of conservative therapy. As such, the request for gym membership or workout machines is not medically necessary.