



Case Number:	CM14-0027255		
Date Assigned:	06/13/2014	Date of Injury:	03/15/2007
Decision Date:	08/08/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	03/04/2014

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 58-year-old male who reported an injury on 03/15/2007 from trying to help a 500 pound man into a car. The injured worker has a history of lower extremity pain with radicular pain and numbness. The progress report dated 01/03/2014 revealed the injured worker had a burning sensation on top of the left foot and right anterior top thigh that was constant and worsening. The claimant participated in aquatic therapy with considerable relief of pain. Upon examination, the injured worker's cervical range of motion was flexion at 20 degrees, extension at 23 degrees, left lateral bend at 15 degrees, and right lateral bend at 15 degrees. There was tenderness to palpation over the bilateral upper trapezoids, over the right thigh and left lower leg. The lumbar spine exam revealed decreased range of motion with apprehension. There was bilateral positive straight leg raising test in the sitting position at 45 degrees when producing back pain and sciatica. The injured worker has diagnoses of post laminectomy syndrome, cervical disc disease, cervical radiculitis, cervical stenosis, and lumbar herniated disc. The diagnostic studies include an MRI of the lumbar spine on 05/30/2008 which revealed L5-S1 degenerative changes with 4.0 mm disc protrusion. There was bilateral facet arthropathy. At L4-5, there is a 2.2 mm disc protrusion with bilateral facet arthropathy. At L3-4, there is a 2.2 mm disc protrusion. The MRI of the cervical spine dated 10/05/2009 revealed multiple stenotic femoral key axial images with circles/multiple disc spaces show degenerative loss. An electromyography (EMG) on 09/22/2008 of the lower extremities was normal. Prior treatments included medications, physical therapy and aquatic therapy. The medications included Norco 10/325 1 by mouth every 6 hours for pain as needed, Norflex 1 tab by mouth twice a day, Prilosec 20 mg 1 twice a day, terocin 240 mI apply a thin layer to affected area, Flurbiprofen (NAP) cream-LA 180 gm, and Robaxin 500 mg 2 tabs by mouth twice a day. The request for

authorization form and rationale for the request were not provided within the documentation 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 WITH POOL ACCESS FOR 6 MONTHS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS 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) Knee, gym membership.

Decision rationale: The Official Disability Guidelines (ODG) state gym memberships are not recommended as a medical prescription unless a home exercise program 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. In this case, there is no evidence the injured worker has failed with land-based therapy. Also there is no mention of a home exercise program not being effective or any indication that there is a need for equipment outside the home. There is lack of documentation indicating the injured worker's treatment will be monitored by a medical professional. As such, the request for gym membership with pool access for 6 months is not medically necessary and appropriate.