

Case Number:	CM14-0029683		
Date Assigned:	06/16/2014	Date of Injury:	12/02/1999
Decision Date:	07/16/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/07/2014

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 & Rehab has a subspecialty in Interventional Spine 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 64 year old female with an injury date of 12/02/99. Based on the 08/22/13 progress report provided by [REDACTED] the patient complains of pain in her lower back with pain radiating to her right leg. Tenderness to palpation with mild spasm is present over the Para spinal musculature for the lumbar spine. Localized tenderness to palpation is present over the right sacroiliac joint. Sacroiliac stress test is positive. Straight leg raising test is positive, eliciting pain extending to the feet, bilaterally. In regards to the bilateral hips, localized tenderness to palpation is present over the right greater trochanteric region and right gluteal muscle. Patrick Fabere's test is positive on the right and negative on the left. Tenderness to palpation is present over the plantar fascia of the left ankle/foot. The patient's diagnoses include the following: 1. Lumbar musculoligamentous sprain/strain with right lower extremity radiculitis with attendant multilevel disc dessication, disc protrusions and facet hypertrophy. 2. Right sacroiliac joint sprain. 3. Right hip sprain/strain with greater trochanteric bursitis 4. Improved left ankle sprain occurring secondary to giving way of the right leg. 5. Improved compensatory left hip strain. 6. Compensatory left plantar fasciitis. [REDACTED] is requesting for gym membership with pool access. The utilization review determined being challenged is dated 02/20/14. [REDACTED] is the requesting provider, and he provided four treatment requests from 07/18/13- 02/17/14.

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: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the Citation: Official Disability Guidelines (ODG) ODG guidelines on Gym membership for low back chapter.

Decision rationale: According to the 08/22/13 report by [REDACTED], the patient presents with pain in her lower back with pain radiating to her right leg. Tenderness to palpation with mild spasm is present over the paraspinal musculature for the lumbar spine. Localized tenderness to palpation is present over the right sacroiliac joint, the right greater trochanteric region and right gluteal muscle of the bilateral hips, and the plantar fascia of the left ankle/foot. The request is for gym membership with pool access. The Provider does not provide any rationale as to why the exercise cannot be performed at home, what special needs there are for a gym membership and how the patient is to be supervised during exercise. MTUS and ACOEM guidelines are silent regarding gym membership but the ODG guidelines state that it is not recommended 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." In this case, there are no discussions regarding a need for a special equipment and failure of home exercise as well as why a gym is needed to accomplish the needed exercises. Recommendation is for not medically necessary.