MAXIMUS Federal Services

Case Number:	CM14-0030542		
Date Assigned:	06/20/2014	Date of Injury:	12/14/2001
Decision Date:	07/21/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/10/2014

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 a 51-year-old male who reported an injury on 12/14/2000. The mechanism of injury was not provided. The clinical note dated 04/11/2014 noted the injured worker presented with lower back pain and sciatic pain that radiated down his right leg. Prior treatment included a gym membership and medications. Upon exam, the injured worker's blood pressure was 134/84, pulse of 79, height of 180 cm or 6 feet 2 inches, weight of 143 kg or 317 pounds, and a BMI of 40.68. Prior therapy included a gym membership and medications. The injured worker stated that he lost his gym membership as Workers' Compensation is no longer paying for it and has lead him to regress in terms of weight loss and has resulted in increasing flank back pain. The provider recommended a gym membership. The provider's rationale was not provided. The included medical documentation did not include a request for authorization form.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Gym Membership.

Decision rationale: The Official Disability Guidelines recommend exercise as a part of a dynamic rehabilitation program, but noted that gym membership is not recommended as a medical prescription unless a home exercise program has not been effective and there is a need for equipment. This treatment needs to be monitored and administered by medical professionals. In this case, there is no documentation of failed home exercise or the claimant's need for specific equipment that would support the medical necessity of a gym membership. Furthermore, the medical documentation provided lacked evidence of functional improvement from previous gym participation. Therefore, the request for a gym membership is not medically necessary and appropriate.