

Case Number:	CM14-0031569		
Date Assigned:	06/20/2014	Date of Injury:	08/07/2003
Decision Date:	08/05/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	03/12/2014

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 Illinois. 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 61-year-old female who reported an injury on 08/07/2003. The mechanism of injury is unknown. The injured worker complained of lower flank pain, and lower spine pain centered over bilateral S1 joints. No measurable pain level was documented. There are no physical examination findings submitted in the report. Diagnostics submitted in report consist of several urinalyses. The injured worker has diagnoses of herniated disc lumbosacral spine and lumbar radiculopathy. Past treatment includes medications to include naproxen sodium 550 mg, quazepam AM 15 mg, Norco 10/325 tablets, and omeprazole 20 mg. The current treatment plan is for a 1 year gym membership with pool. The rationale was not submitted for review. The request for authorization form was submitted on 04/29/2004 by [REDACTED].

IMR ISSUES, DECISIONS AND RATIONALES

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

1 year Gym Membership with pool: Upheld

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

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 Pain, Gym Membership.

Decision rationale: The Official Disability Guidelines state that a gym membership 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 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 medically treatment, and are therefore not covered under these guidelines. In this case, there was no documentation showing why the gym membership would be most beneficial and no notes were submitted showing whether the injured worker was successful with the home exercise program and if so, there was a lack of evidence showing whether the injured worker had improvements with it. There was no documentation of any other type of conservative care. There also lacked any evidence of diagnostic testing, past treatment care, and detailed physical examinations on the injured worker. The report submitted several urinalyses, but not enough pertinent evidence of the injured worker's symptoms. There was no documentation on any functional deficits that would benefit the injured worker from a gym membership with a pool. Given the above, the request for a 12 month membership with a pool is not medically necessary and appropriate.