

Case Number:	CM14-0031947		
Date Assigned:	06/20/2014	Date of Injury:	12/18/2002
Decision Date:	07/21/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	03/14/2014

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 46 year old with a reported injury on 12/02/2002. The injured worker had an exam on 02/14/2014 for follow up status post l/spine laminectomy/ discectomy L4-L5, other diagnoses are illegible. He completed aquatic therapy treatment with improved range of motion. It was recommended for him to have a gym membership. The remaining note is illegible. The request for authorization was signed 02/14/2014. The rationale was not provided.

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), Low Back (updated 12/27/2013) Gym Memberships.

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 request for Gym membership is not medically necessary. The Official Disability Guidelines do not recommend gym membership as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been

effective. There was no documentation provided regarding a home exercise program. The guidelines also state that treatment needs to be monitored and administered by medical professionals; hence, a gym membership may not be covered. Therefore, the request is not medically necessary.