

Case Number:	CM14-0033562		
Date Assigned:	06/20/2014	Date of Injury:	02/07/2008
Decision Date:	07/18/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	03/17/2014

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 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 63-year-old female with a reported injury on 02/07/2008. The mechanism of injury was not provided. The injured worker had an exam on 01/23/2014 with complaints of ongoing neck, mid-back and low back pain, radiating into the right side. She also complained of left leg pain and getting cold at night. She described her pain as a 4-5/10. Her medication list consisted of Norco, Prilosec and Gabapentin. She stated that with medication her pain is relieved by 50%. The injured worker is not currently working. Her diagnoses were status post lumbar fusion at L4-5, right L5 radiculopathy, multiple levels herniated nucleus pulposus (HNPs) of the lumbar spine with stenosis, facet arthropathy of the lumbar spine, adjacent segment disease, cervical degenerative disc disease, cervical radiculopathy and thoracic spine degenerative disc disease. The recommendation of treatment for the injured worker was to have a gym membership to allow the patient to independently exercise. The request for authorization was signed on 01/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six month 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 Chapter, Physical Therapy & Exercise.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Therapy, Gym Membership.

Decision rationale: The request for six-month gym membership is not medically necessary. The California MTUS Guidelines do not support the recommendation of any particular exercise regimen over any other exercise regimen. The Official Disability Guidelines do not recommend a medical prescription for gym membership unless a documented home exercise program with assessments and revisions has not been effective. There is a lack of documentation provided regarding any home exercise programs. The guidelines also state that with unsupervised programs, there is no information flow back to the provider, so the patient can make changes in the prescription, and there may be a risk of further injury to the patient. Therefore, the request for gym membership is not medically necessary.