

Case Number:	CM14-0034614		
Date Assigned:	06/20/2014	Date of Injury:	01/08/1992
Decision Date:	07/24/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	03/20/2014

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, has a subspecialty in Pain Management 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:

This is a patient with a date of injury on January 8, 1992. A utilization review determination on February 14, 2014 recommends non certification for a one-year gym membership. A progress report on January 22, 2014 identify subjective complaints indicating that the patient is doing very well and knows all the physical therapy exercises and is wondering if we can get him a gym membership to do the exercises on his own. According to physical examination, it reveals 5 out of 5 strengths in bilateral lower extremities, the sensation intact to light touch, and there is some tenderness in palpation in the right lower back. The diagnosis includes a status of post diffusion. The treatment plan recommends a gym membership for one year, so he can continue to get stronger.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym Membership for 1 year: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise. Decision based on Non-MTUS Citation ODG-TWC Low Back Procedure Summary last updated 12/27/2013.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Gym Memberships.

Decision rationale: Chronic Pain Medical Treatment Guidelines state that the exercise is recommended. They go on to state that there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. ODG states that, the gym memberships are 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. 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 a risk of further injury to the patient. Within the documentation available for review, there is no indication that the patient has failed a home exercise program with periodic assessment and revision. Additionally, there is no indication that the patient has been trained on the use of gym equipment, or that the physician is overseeing the gym exercise program. Finally, it is unclear what treatment goals remain to be addressed with the gym membership, as the patient appears to have a relatively normal physical examination with full strength. In the absence of clarity regarding those issues, the currently requested gym membership is not medically necessary.