

Case Number:	CM14-0035737		
Date Assigned:	06/23/2014	Date of Injury:	09/04/2006
Decision Date:	11/21/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	03/24/2014

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 Family Medicine and is licensed to practice in North Carolina. 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 patient is a 51-year-old with a reported date of injury of 09/04/2006. The patient has the diagnoses of low back pain, muscle spasm, lumbar radiculopathy, thoracic spine degenerative disc disease, lumbar spine degenerative disc disease and vertebral compression fracture. Per the most recent progress notes provided for review from the primary treating physician dated 10/13/2014, the patient had complaints of ongoing pain rated a 4/10 with medications and 8/10 without medications. The physical exam noted restriction in lumbar range of motion with paravertebral tenderness to palpation and spasm. Lumbar facet loading is positive bilaterally. The right shoulder has a positive Hawkins, Yergason's and Neer's tests. There was tenderness on the left Achilles tendon. There was decreased sensation on the right L3-S2 dermatome. Treatment plan recommendations included continuation of pain medications and aqua therapy. Previous treatment notes from 03/2014 had requested a gym membership with a personal trainer.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership times 6 months with personal trainer: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 299. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lumbar Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Gym membership

Decision rationale: The California MTUS and the ACOEM do not specifically address gym memberships. Per the Official Disability Guidelines, 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 specialized equipment not available at home. Treatment needs to be monitored and administered by medical professionals. There is no included documentation, which shows failure of home exercise program. In addition, there is discrepancy as the most recent progress notes state the patient cannot tolerate land based therapy. The criteria for gym membership as outlined above have not been met. Therefore, the request is not medically necessary.