

Case Number:	CM14-0036795		
Date Assigned:	06/25/2014	Date of Injury:	07/17/2003
Decision Date:	08/21/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/26/2014

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 has a subspecialty in Interventional Spine 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 patient is a 52-year-old male with date of injury of 07/17/2013. According to this report, the patient complains of back pain. He continues to exercise daily and states that walking helps him feel better. He says his gym membership has expired. He has lost a lot of weight since his surgery, and overall, he is feeling better. His goal is to lose 30 more pounds. He continues to feel depressed and stressed. The physical exam shows range of motion of the lumbar spine is restricted with flexion, limited to 40 degrees, extension limited to 10 degrees. The lower extremity reflexes are equal and symmetric. There is tenderness noted on the left L5 spinous process. Heel and toe walk are normal. Straight leg raise test is negative. The utilization review denied the request on 02/25/2014.

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 cite any medical evidence for its decision.

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: This patient presents with back pain. The MTUS Guidelines recommends exercise, but states, There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. ODG Guidelines do not recommend gym memberships as medical treatment. They are not recommended as a prescription unless a documented home exercise program with periodic assessment and revisions has not been effective; there is a need for equipment; and treatment needs to be monitored and administered by medical professionals. The progress report dated 02/20/2014 documents that the patient's current gym membership has expired, and the physician is requesting an extension for his membership so that the patient can continue to perform his own home exercise program to continue with his rehabilitation. In this case, it does not appear that the patient would need special equipment that is only available in the gym to perform his home exercise program. In addition, there is no explanation as to why exercises cannot be done at home. Therefore, the request for gym membership is not medically necessary.