

Case Number:	CM14-0042782		
Date Assigned:	06/20/2014	Date of Injury:	03/01/2012
Decision Date:	07/22/2014	UR Denial Date:	03/03/2014
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 and 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 underlying date of injury in this case is 03/01/2012. The patient's diagnoses include chronic pain in the neck, low back, left shoulder, and lower extremity. A discharge summary from a functional restoration program of 02/21/2014 notes the patient had worked hard in physical therapy and had become independent in an exercise program. A one-year gym membership was recommended in order to allow the patient to continue his regular exercise program. That report notes that the patient would benefit from membership at a gym in order to utilize equipment similar to that which had been utilized during his functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Months 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)/Low Back, Gym Membership.

Decision rationale: The California MTUS does not specifically discuss gym membership. This topic is discussed in the Official Disability Guidelines/Treatment in Workers Compensation/Low

Back, which states regarding gym memberships that a gym membership is not recommended as a medical prescription unless it documents a home exercise program has not been effective and if there is a specific need for equipment. The medical records in this case suggest that a gym membership has been recommended not because of a specific medical need for this particular patient but rather as part of routine follow-up after a functional restoration program. The medical records do not indicate that this patient tried and failed to learn or participate in a home exercise program. Overall, the medical records do not establish a rationale at this time as to why the patient requires a gym membership as opposed to a conventional home exercise program. Therefore, the request for a 12 month gym membership is not medically necessary and appropriate.