

Case Number:	CM14-0044540		
Date Assigned:	07/02/2014	Date of Injury:	03/05/1986
Decision Date:	08/21/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/11/2014

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 Nevada. 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 records, presented for review, indicate that this 74-year-old male was reportedly injured on March 5, 1986. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated January 31, 2014, indicated that there were ongoing complaints of neck, low back, bilateral upper and bilateral lower extremity pains. The pain was described as 9/10 of the neck and low back. A significant weakness was also noted. The physical examination demonstrated a 5'9, 191 pound individual in no acute distress. Ambulation was noted with an antalgic gait. There was tenderness to palpation in the cervical spine, a decrease in cervical spine range of motion, and Spurling's maneuver was positive. The lumbar spine noted no evidence of instability, a decrease in range of motion, and the neurovascular status was intact. Diagnostic imaging studies were not presented for review. Previous treatment included epidural steroid injections, pain management techniques and multiple medications. A request was made for one-year gym membership and was not certified in the pre-authorization process on April 1, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

One year gym membership: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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 Chapter (Updated July 2014).

Decision rationale: It is noted that the American College of Occupational and Environmental (ACOEM) Guidelines do speak about exercise; however, they do not speak directly to gym memberships. Official Disability Guidelines (ODG) was used in making this decision. Such memberships are not recommended, as there are no healthcare professionals overseeing the specific equipment or exercise. Monitoring was not completed, and when considering the date of injury, the treatment date and the multiple interventions, there is no clear clinical indication for a gym membership at this time. This request is not medically necessary.