

Case Number:	CM14-0050034		
Date Assigned:	07/07/2014	Date of Injury:	10/20/2009
Decision Date:	08/28/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	04/17/2014

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 Occupational Medicine 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 35 year old patient had a date of injury on 10/20/2009. The mechanism of injury was not noted. On a progress note dated 4/8/2014, the subjective findings included ongoing lower back pain which progressive worsened with radicular symptoms to both lower extremities. On a physical exam dated 4/8/2014, the objective findings included cervical tenderness to palpation bilaterally with increased muscle rigidity. He appears in mild to moderate distress, moves slowly in and out of office with an antalgic gait favoring the left lower extremity. Diagnostic impression showed supraspinatus tendinosis and acromioclavicular degenerative joint disease, left knee internal derangement, left shoulder internal derangement, right shoulder sprain/strain. Treatment to date: medication therapy, behavioral modification, surgery (arthroscopic to right knee) in 2011A UR decision dated 4/10/2014 denied the request for 6 month trial of independent gym membership related to lumbar spine, bilateral shoulders, and bilateral knees dated 4/3/2014 and 5/18/2014, stating that gym membership is not recommended as a medical prescription. And that it does not constitute a clinical, professionally directed medical service. The activities are not explicitly prescribed and supervised by a licensed health professional, goals are not established and monitored, adherence is voluntary and compliance is not measurable.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 month trial of an independent gym membership related to lumbar spine, bilateral shoulders and bilateral knees injury: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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, gym membership.

Decision rationale: MTUS does not address this issue. ODG does not recommend gym memberships unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. In addition, treatment needs to be monitored and administered by medical professionals. However, there is no evidence that attempts at home exercise were ineffective. There is no evidence that the patient would require specialized equipment. There is also no indication that treatment will be administered and monitored by medical professionals. In addition, gym memberships, health clubs, swimming pools, athletic clubs, etc., are not generally considered medical treatment. In the reports viewed, there was no rationale provided as to why this patient needs a gym membership. Furthermore, there was no discussion regarding how the treatment would be monitored by health care professionals, and how outcomes would be assessed. Therefore, the request for 6 month trial of an independent gym membership related to lumbar spine, bilateral shoulders, and bilateral knees was not medically necessary.