

Case Number:	CM14-0051322		
Date Assigned:	07/07/2014	Date of Injury:	03/03/1999
Decision Date:	08/29/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/18/2014

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 66 year old female was reportedly injured on 03/3/1999. The mechanism injury is undisclosed. The most recent progress note, 5/22/2014, indicates that there are ongoing complaints of back pain, incontinence, and headaches. The physical examination demonstrated: reflexes depressed right patellar, 1+ the ankles, 2+ on the left: decreased sensation posterior right leg, unable to sit on the right ishium, pain in the sacral area and coccyx, normal gait with no assistive devices. No recent diagnostic studies are available for review. Previous treatment includes previous surgery, chiropractic care, medications, tens unit, acupuncture, and conservative treatment. A request was made for gym membership and was not certified in the preauthorization process on 3/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym Membership to 24 hour fitness for lumbar spine/low back: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC: ODG Integrated Treatment/Disability Duration Guidelines: Low Back - Lumbar & Thoracic (Acute & Chronic) (updated 07/03/14).

Decision rationale: The Official Disability Guidelines (ODG) specifically recommends against the use of gym memberships. The clinician indicates that the membership has been noted to help with the claimant's pain in the past. However, there is no clear indication that a gym membership constitutes monitored and supervised treatment by a healthcare professional. As such, in accordance with the ODG guidelines the request is not considered medically necessary