

Case Number:	CM14-0051768		
Date Assigned:	06/23/2014	Date of Injury:	09/04/2009
Decision Date:	09/26/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	03/21/2014

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 Illinois. 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 injured worker is a 64-year-old female with a reported date of injury on 09/04/2009. The mechanism of injury was not submitted within the medical records. His diagnoses were noted to include psychalgia, displacement of lumbar intervertebral disc without myelopathy, lumbar postlaminectomy syndrome, and degeneration of intervertebral disc. His previous treatments were noted to include functional restoration program, medications, and rest. The progress note dated 05/02/2014 revealed complaints of low back pain that radiated into the bilateral lower extremities, rated 6/10. The injured worker complained of numbness to the bilateral lower extremities and tingling, and stiffness to the low back. The injured worker complained of sleep interference. The physical examination revealed an antalgic, slow gait, with normal posture and pain behaviors with facial grimacing and slow ambulatory behaviors. The Request for Authorization form was not submitted within the medical records. The request was for a gym membership for 3 months. However, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership for 3 months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back (updated 02/13/14) Gym memberships.

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 Memberships.

Decision rationale: The request for Gym membership for 3 months is not medically necessary. The injured worker has participated previously in a functional restoration program. The Official Disability Guidelines do not recommend gym memberships as a medical prescription unless documentation home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. The treatment needs to be monitored and administered by medical professionals. Gym memberships, health clubs, swimming pools, and health clubs would not generally be considered medical treatment, and therefore, not covered by these guidelines. Therefore, the request is not medically necessary.