

Case Number:	CM14-0056500		
Date Assigned:	07/09/2014	Date of Injury:	03/04/2009
Decision Date:	09/12/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/26/2014

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 50-year-old individual was reportedly injured on 3/4/2009. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated 7/10/2014, indicated that there were ongoing complaints of low back pain and bilateral knee pains. The physical examination demonstrated left knee positive tenderness to palpation of the medial/lateral joint lines, pain with palpation of the patella, pain with extension of the left knee, positive tenderness to palpation of the medial/lateral joint lines of the right knee. Diagnostic imaging studies included x-rays of the lumbar spine, dated 2/19/2014, which revealed posterior lateral arthrodesis at L4-L5 and L5-S1 bilaterally. Previous treatment included previous lumbar surgery, physical therapy, and medication. A request had been made for gym membership and was not certified in the pre-authorization process on 4/3/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Self-Directing Gym Program, For Conditioning and Strengthening: 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 Pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC: Integrated

Treatment/Disability Duration Guidelines: Low Back - Lumbar & Thoracic (Acute & Chronic) - (updated 07/03/14).

Decision rationale: The Official Disability Guidelines 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 Official Disability Guidelines, the request is not considered medically necessary.