MAXIMUS Federal Services

Case Number:	CM14-0063373		
Date Assigned:	07/11/2014	Date of Injury:	04/26/1989
Decision Date:	08/22/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	05/06/2014

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 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:

The injured worker is a 55-year-old male who reported injury on 04/26/1989. There was a prescription on 04/03/2014 which revealed the injured worker should have a 12 month extension of his gym membership for degenerative disc disease of the lumbar spine. The other therapies were not provided. However, the request was for an extension of the gym membership, which would infer physical therapy. The supplied documentation was a prescription. There was no PR-2 or DWC form RFA submitted with the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 year gym membership: 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) Low Back Chapter, Gym memberships.

Decision rationale: The Official Disability Guidelines indicate that gym memberships would not generally be considered medical treatment and are not covered under the Official Disability Guidelines. The clinical documentation indicated the injured worker had a need for an extension

of his gym membership. There was no PR-2 with an objective physical examination to support the injured worker had objective functional deficits. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. Given the above, the request for 1 year gym membership is not medically necessary.