

Case Number:	CM14-0071958		
Date Assigned:	07/16/2014	Date of Injury:	06/07/2012
Decision Date:	09/18/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/19/2014

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 is a 54-year-old male with a 6/7/12 date of injury. The mechanism of injury occurred when he slipped and fell backwards on a wet floor while at work. He injured his right shoulder, right elbow, and back. According to a progress report dated 4/7/14, the patient complained of low back pain radiating to the right ankle with numbness and tingling. He reported improvement in the right shoulder following Cortisone injection. Objective findings: tenderness to palpation over the lumbar paraspinals with spasms restricted ROM of the lumbar spine; sensation is decreased in the right L5 dermatome. Diagnostic impression: lumbar spine musculoligamentous sprain/strain with right lower extremity radiculitis. Treatment to date: medication management, activity modification. A UR decision dated 4/28/14 denied the request for gym membership with pool access. This patient has chronic low back pain. However, ODG does not support gym or pool membership. Therefore, the request for gym membership with pool access for 6 months is considered not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

GYM MEMBERSHIP WITH POOL ACCESS (X MONTH): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

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: CA 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. Therefore, the request for Gym Membership with Pool Access (X Month) was not medically necessary.