

Case Number:	CM14-0079632		
Date Assigned:	07/18/2014	Date of Injury:	10/03/2006
Decision Date:	09/09/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	05/30/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 51-year-old male with a 10/3/06 date of injury. At the time, 5/8/14, of the Decision for Gym Membership, there is documentation of subjective; neck pain radiating to bilateral upper extremity and low back pain radiating to bilateral lower extremities and objective; slow gait, in moderate distress, alert, and cooperative findings, current diagnoses; failed back surgery syndrome and lumbar radiculopathy, and treatment to date; medications. There is no documentation that a home exercise program with periodic assessment and revision has not been effective, there is a need for equipment, and that treatment is monitored and administered by medical professionals.

IMR ISSUES, DECISIONS AND RATIONALES

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

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-Shoulder/Gym Memberships.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Gym Membership.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. Official Disability Guidelines (ODG) identifies "documentation that a home exercise program with periodic assessment and revision has not been effective, that there is a need for equipment, and that treatment is monitored and administered by medical professionals, as criteria necessary to support the medical necessity of gym membership." Within the medical information available for review, there is documentation of diagnoses of failed back surgery syndrome and lumbar radiculopathy. However, there is no documentation that a home exercise program with periodic assessment and revision has not been effective or that there is a need for equipment and that treatment is monitored and administered by medical professionals. In addition, there is no documentation of the time frame the gym membership is requested. Therefore, based on guidelines and a review of the evidence, the request for Gym Membership is not medically necessary.