

Case Number:	CM14-0080627		
Date Assigned:	07/18/2014	Date of Injury:	10/12/2001
Decision Date:	08/29/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	06/02/2014

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 & 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 injured worker is a 54-year-old male with an injury on October 12, 2001. The mechanism of injury is not listed. The most recent progress note dated April 16, 2014, indicates that there are ongoing complaints of low back pain and left lower extremity pain. The physical examination demonstrated an antalgic gait. There was tenderness over the left greater trochanteric area of the left hip and pain with left hip internal and external rotation. The small hematoma was noted on the left thigh. There was improved range of motion of the lumbar spine. The lower extremity neurological examination was normal. The diagnostic imaging studies were not reviewed during this visit. Previous treatment is unknown. A request was made for a gym membership and was not certified in the pre-authorization process on April 30, 2014.

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: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Tricare Guidelines, Medicare Manual, Restorative Therapy Chapter 4.5.

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 - Lumbar and Thoracic, Gym Membership.

Decision rationale: According to the Official Disability Guidelines a gym membership is not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is an additional need for equipment. This program should be monitored and administered by medical professionals. The medical record does not indicate that a home exercise program is inadequate nor was there mention of accommodations made by medical professionals to administer this program. Therefore, the request for gym membership is not medically necessary and appropriate.