

Case Number:	CM14-0084348		
Date Assigned:	07/21/2014	Date of Injury:	03/02/2010
Decision Date:	08/29/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/04/2014

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 & Rehab and Pain Medicine and is licensed to practice in Ohio and Texas. 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 59-year-old female with a reported date of injury on 03/02/2010. The mechanism of injury was noted to be a slip and fall. Her previous treatments were noted to include trigger point injections, Functional Restoration Program, physical therapy, and medications. Her diagnoses were noted to include post cervical laminectomy syndrome, cervical radiculopathy, joint pain to the upper arm, knee pain, and cervical facet syndrome. The progress note dated 05/20/2014 revealed the injured worker listed no new problems or side effects. She reported her quality of sleep was fair and her activity level had remained the same. A physical examination of the cervical spine revealed surgical scar anteriorly, the range of motion was restricted with flexion limited to 25 degrees by pain, extension limited 15 degrees, right lateral bending limited to 15 degrees, left lateral bending limited to 15 degrees, lateral rotation limited to 40 degrees and lateral rotation to the right limited to 40 degrees. Upon examination of the paravertebral muscles, hypertonicity and tenderness was noted to the left side. Tenderness was noted at the paracervical muscles and facet loading maneuvers caused pain to the left versus right. Spurling's maneuver caused pain the muscles of the neck but no radicular symptoms and facet pain with palpation and with loading maneuvers. Motor examination revealed motor grip strength was 5/5 on the right and 4/5 on the left. The physician reported the injured worker would like a 12 month gym membership and she has completed physical therapy with good relief and needed low impact light weights and cardio along with water aerobics. The Request for Authorization Form was not submitted within the medical records. The request is for a 12 month gym membership, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

12-month gym membership: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment in Workers' Compensation (TWC) Neck & Upper Back Procedure Summary (updated 4/14/14).

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, Gym memberships.

Decision rationale: The request for a 12 month gym membership is not medically necessary. The injured worker has done physical therapy with good results and needed low impact light weights and cardio and water aerobics. The Official Disability Guidelines do not recommend gym memberships as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals. While an individual exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by health professionals, such as a gym membership or advanced home exercise equipment, may not be covered under this guideline, although, temporary transitional exercise programs may be appropriate for patients who need more supervision. With unsupervised programs, there is no information of flow back to the provider, so he or she can make changes in the prescription, and there may be risk of further injury to the patient. Gym memberships, health clubs, swimming pools, athletic clubs would not be generally considered medical treatment, and are therefore, not covered under the guidelines. The guidelines do not recommend gym memberships as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. Gym memberships are unsupervised and there is no information flow back to the provider so that he or she can make changes in the prescription. Therefore, due to a lack of documentation regarding the home exercise program that has not been effective and a specific need for equipment a gym membership is not supported by the guidelines. Therefore, the request is not medically necessary.