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| Case Number: | CM14-0087713 | | |
| Date Assigned: | 07/23/2014 | Date of Injury: | 05/16/2013 |
| Decision Date: | 09/22/2014 | UR Denial Date: | 06/04/2014 |
| Priority: | Standard | Application Received: | 06/11/2014 |

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 patient is a 42 year old female with an injury date of 05/16/13. Based on 01/13/14 progress report by [REDACTED], the patient complains of low back pain radiating to bilateral lower extremities, worse on right. The pain is 9/10 on VAS scale with medications. Progress report 01/13/14 states that patient sustained a fall and was taken to Kaiser by ambulance. She has been ambulating with a cane. Physical Exam dated 01/22/14: antalgic gait requiring use of a cane; spasm and guarding at lumbar spine; Range of motion is decreased, showing 5 degrees on lumbar extension and 30 degrees on lumbar flexion. Diagnosis: Lumbar disc displacement without myelopathy; Sciatica; Degenerative lumbar disc disease; Spondylosis lumbosacral; Stenosis spinal lumbar. Based on progress report dated 05/13/14, the patient is a recent graduate of a functional restoration program. Patient reported that the most effective exercise was aquatic therapy, which she would like to continue by pursuing a gym membership. [REDACTED] is requesting for a 6 month gym Membership with pool access. The utilization review determination being challenged is dated 06/04/14. The rationale is gym membership is not a therapeutic treatment and therefore not medically necessary. [REDACTED] is the requesting provider, and he provided treatment reports from 01/13/14 - 05/13/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) month gym membership with pool access.: 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-Gym Memberships.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Gym membership, Low back chapter.

Decision rationale: The patient presents with low back pain radiating to bilateral lower extremities. She has an antalgic gait and requires the use of a cane to ambulate. The request is for 6 month gym Membership with pool access. Patient states in progress report dated 01/13/14, that aquatic therapy sessions help relieve her pain and improve her range of motion. MTUS and ACOEM guidelines are silent regarding gym membership. However, the following is stated in ODG guidelines on Gym membership for low back chapter: "With unsupervised programs there is no information 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, etc., would not generally be considered medical treatment." It is stated in progress report dated 05/13/14, that patient showed benefits from aquatic therapy, which was performed at a functional restoration program. It needs to be noted that the FRP was supervised and allowed for information flow back to provider. Progress report 01/13/14 states that patient sustained a fall which caused her to start ambulating with the use of a cane. A gym membership takes place at an unsupervised environment, that could expose patient to further risk of injury. Recommendation is for denial.