

Case Number:	CM14-0094686		
Date Assigned:	07/25/2014	Date of Injury:	09/16/2009
Decision Date:	08/28/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	06/23/2014

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, has a subspecialty in Interventional Spine 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 64-year-old male with an injury date of 09/16/2009. Based on the 05/28/2014 progress report, the patient complains of low back pain. The patient is mildly obese and has moderate pain with slow and guarded movements, especially getting in and out of a chair. In regards to the lumbar spine, the patient has severely limited range of movement in all planes and also has paravertebral muscle tenderness and spasms appreciated from L3 to upper buttock regions bilaterally. The 04/24/2014 report also shows that the patient has tenderness posteriorly of the left elbow. There is a small amount of swelling. The patient's diagnoses include the following: 1. Left lumbosacral strain/arthrosis discopathy with neuroforaminal stenosis. 2. Abdominal complaints. 3. Possible bilateral inguinal hernias. 4. Hypertension. 5. Psychiatric complaints, treatment deferred by the patient. The request is for a pool and gym membership. The utilization review determination being challenged is dated 06/06/2014. There are treatment reports provided from 11/07/2013 - 07/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pool and gym membership: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 114, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC; Work Loss Data Institute, www.worklossdata.com.

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: According to the 05/28/2014 progress report, the patient presents with low back pain. The request is for a pool and gym membership. The treating physician does not mention why these exercises cannot be performed at home, what special needs there are for a gym membership, and how the patient is going to be supervised while doing these exercises. MTUS and ACOEM Guidelines are silent regarding gym membership, but the ODG Guidelines state that it 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 need for a specialized type of equipment. Review of the reports does not provide any discussion regarding the needs for special equipment and the failure of home exercise. There is no discussion regarding why this gym membership is needed. Request is not medically necessary.