

Case Number:	CM14-0095777		
Date Assigned:	07/25/2014	Date of Injury:	03/01/2013
Decision Date:	10/16/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/24/2014

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 injured worker is a 47-year-old female who reported an injury on 03/01/2013. The mechanism of injury was not submitted for review. The injured worker has diagnoses of spasm of muscle and lumbar sprain. Physical medical treatment consists of cortisone injections, physical therapy, gym membership, yoga, and medication therapy. The medications include Neurontin and naproxen. The injured worker underwent right carpal tunnel release in 1998. The injured worker has also undergone magnetic resonance imaging of the pelvis and the lumbar spine. She also had nerve conduction velocities and electromyographies of the bilateral lower extremities. On 05/30/2014, the injured worker complained of sciatic type pain. It was noted on physical examination that the injured worker had right tenderness and spasms of the L3 to L5 paraspinal muscles and gluteal muscles. An examination of the lumbar spine showed decreased range of motion. An extension was at 10 degrees and flexion was at 50 degrees. Bilateral lateral bending was at 10 degrees and rotation was at 20 degrees. Motor examination was 5/5 and equal in regards to the lower extremities. The medical treatment is for the injured worker to continue use of the gym for an additional 6 months. The provider feels additional gym membership is needed due to the injured worker stated she felt better after gym exercises. The request for authorization form was submitted on 05/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued gym membership for 6 months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back

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 Membership

Decision rationale: The request for continued gym membership for 6 months is not medically necessary. The Official Disability Guidelines recommend exercise as a part of a dynamic rehabilitation program, but note that gym membership is not recommended as a medical prescription unless a home exercise program has not been effective and there is a need for equipment. Exercise treatment needs to be monitored and administered by medical professionals. There was no documentation of failed home exercise or that the injured worker needed a specific type of equipment that would support the medical necessity for a gym membership. Additionally, the medical documents did not indicate evidence of functional improvement from previous gym participation. As such, the request is not medically necessary.