

Case Number:	CM13-0042114		
Date Assigned:	12/27/2013	Date of Injury:	06/21/2012
Decision Date:	03/04/2015	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	10/16/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 38-year-old male who suffered an industrial related injury on 6/21/12. The injured worker suffered 5 gunshot wounds to left flank on 12/24/10. A physician's report dated 6/25/13 noted the injured worker had difficulty-walking secondary to weakness in his left lower extremity. Numbness and difficulty feeling the ground with his left foot and leg was noted. Pain in the mid back was present where an entry wound was noted. Pain in the left lateral and anterior aspect of the thigh was noted that worsened with weight bearing. The injured worker had occasional urinary difficulties. The injured worker was taking Docusate Sodium, Norco, Zoloft, Nifedipine ER, Trazadone, and Baclofen. The physician noted the injured worker had not been exercising in ways that rehabilitate his chronic pain in the mid back, lower back, left upper extremity, and left lower extremity. The physician noted the injured worker has had no guidance in rehabilitation efforts secondary to fear avoidance, physical deconditioning, and lack of knowledge how to implement an appropriate home exercise program. On 9/17/13, the utilization review (UR) physician denied the request for a 3-month gym membership with access to a pool and sauna. The UR physician noted the request was not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revision had not been effective and there is a need for equipment. Gym memberships, health clubs, swimming pools, athletic clubs etc. would not generally be considered medical treatment and therefore the request is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Three Month Gym Membership with access to Pool and Sauna: 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 - Lumbar & Thoracic (Acute & Chronic), Gym Memberships

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Pain Chapter, Gym Memberships

Decision rationale: Regarding request for gym membership, Chronic Pain Medical Treatment Guidelines state that exercise is recommended but do not comment on gym memberships. They go on to state that there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. The Official Disability Guidelines states the gym memberships are not recommended 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. 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 a risk of further injury to the patient. Therefore, the currently requested gym membership is not medically necessary.