

Case Number:	CM14-0124968		
Date Assigned:	08/11/2014	Date of Injury:	12/18/2001
Decision Date:	07/24/2015	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/07/2014

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. 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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 54-year-old male, who sustained an industrial injury on 12/18/01. The injured worker was diagnosed as having chronic pain syndrome, morbid obesity, and depression. Treatment to date has included the use of a cane, use of a walker, TENS, a home exercise program, psychiatric treatment, and medication including Gabapentin, Valium, Lidoderm patches, and Cymbalta. Currently, the injured worker complains of low back pain. The treating physician requested authorization for a 3-month trial of 24-hour fitness membership for pool access and 1 heavy duty rollator walker with hand brake and seat.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 month trial of 24 hour fitness membership for pool access: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back - Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG online Low Back Chapter Gym Memberships.

Decision rationale: The patient presents with low back pain that radiates into the bilateral lower extremities. The current request is for 3-month trial of 24-hour fitness membership for pool access. The treating physician states in the report dated 7/16/14, "Patient needs a daily exercise program. Membership in a gym with a pool would be desirable. He has had a membership at 24 Hour Fitness and went regularly, although he did not sign in properly to document attendance. Recommend 24 Hour Fitness memberships for 3 months trial to allow exercise in a pool." (398B) The MTUS guidelines do not address gym memberships. The ODG guidelines states that they 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. There is nothing in the medical reports reviewed to support this request. The current request is not medically necessary.

1 Heavy Duty Rollator Walker with hand brake and seat: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee/Leg Chapter Walker.

Decision rationale: The patient presents with low back pain that radiates into the bilateral lower extremities. The current request is for 1 heavy duty Rollator Walker with hand brake and seat. The treating physician states in the report dated 7/16/14 (398B), "Heavy duty rollator walker with hand brake and seat." The ODG guidelines state, "Almost half of patients with knee pain possess a walking aid. Disability, pain, and age-related impairments seem to determine the need for a walking aid. Nonuse is associated with less need, negative outcome, and negative evaluation of the walking aid." In this case, the treating physician documents that the patient has difficulty with ambulation and appears to be a risk for fall. The current request is medically necessary.