

Case Number:	CM14-0188986		
Date Assigned:	11/19/2014	Date of Injury:	01/20/2005
Decision Date:	01/08/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/12/2014

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 General Preventive Medicine and is licensed to practice in Indiana. 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:

This employee is a 50 year old female with date of injury of 1/20/2005. A review of the medical records indicate that the patient is undergoing treatment for lumbar strain, lumbar degenerative disc disease and lumbar radiculitis. Subjective complaints include continued pain in her lower back. Objective findings include limited range of motion of the lumbar spine, but no tenderness to palpation, negative straight leg raise, and symmetric reflexes, 5/5 motor strength, and intact sensation. Treatment has included gym exercises, Naprosyn, Skelaxin, TENS unit, MS Contin, Percocet, and cymbalta. The utilization review dated 10/29/2014 modified the request for 6 months of membership in a private gym program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym Program additional membership for six months; quantity: 6: 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), Lumbar Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aqua Therapy, Physical Medicine Page(s): 22, 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Gym Membership Other Medical Treatment Guideline or Medical Evidence: http://www.nhlbi.nih.gov/guidelines/obesity/bmi_tbl.pdf

Decision rationale: The MTUS guidelines are silent as to gym memberships so the Official Disability Guidelines were consulted. For pool access, the MTUS aquatic therapy and physical medicine sections were consulted. The official disability guidelines state "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." The official disability guidelines go on to state "Furthermore, treatment needs to be monitored and administered by medical professionals". The treating physician did provide documentation of a home exercise program with supervision or a current height and weight. Additionally, the employee has had a tremendous amount of success with the current program she has at a local, private gym and has lost 100 lbs and weaned herself off several pain medications. The UR modified her request for 6 months of additional private gym membership to 6 months of YMCA membership. MTUS, ODG, or other guidelines do not recommend certain gyms over others. Therefore, the request for an additional 6 months at her private gym is not medically necessary.