MAXIMUS Federal Services

Case Number:	CM14-0192456		
Date Assigned:	11/26/2014	Date of Injury:	05/31/2013
Decision Date:	01/28/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/17/2014

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 Rehab 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:

This is a 25-year-old gentleman with a date of injury of 5/31/13. Mechanism of injury was lifting a pallet overhead at work. The patient was evaluated and diagnosed with low back pain/thoracolumbar strain. Conservative care was initiated, including PT, medications and modified activity. Diagnosis was later revised to include lumbar spondylosis with facet arthropathy. He underwent epidural injections and facet joint injections. He was evaluated by an orthopedic AME on 5/27/14 and determined to be Permanent and Stationary for diagnoses of lumbosacral sprain, facet arthropathy and radicular symptoms. Future medical recommendations included independent exercise program, orthopedic follow-up, occasional brief courses of PT and NSAIDS for flare-ups. 10/24/14 follow-up notes that the patient previously weighed 310 pounds, and now was up to 370- pounds. He is fearful of going to gym as he is concerned about being videotaped. A 6 month gym membership is requested to "jump start" a self-rehabilitation program. This request was submitted to Utilization Review on 10/28/14 with an adverse determination rendered on 10/30/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 ODG Gym Memberships

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 memberships.

Decision rationale: Gym memberships are not medical treatment or standard of care, and unsupervised exercise in patients with medical issues and no direct feedback to the healthcare provider can result in worsening the condition. Gym memberships are not recommended by guidelines and are not required for an effective home exercise program. A gym membership x 6 months is not medically necessary.