

Case Number:	CM14-0207720		
Date Assigned:	12/19/2014	Date of Injury:	10/20/2010
Decision Date:	02/12/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/11/2014

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 Occupational Medicine, 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:

Injured worker is a male with date of injury 10/20/2010. Per orthopaedic surgery progress note dated 12/5/2014, the injured worker still complains of radiating low back pain down the left leg. He can only sleep about an hour at a time so his sleep has been severely affected. He is still requiring daily medications. He is trying to pay for some access to a health club out of his own pocket but is not able to afford it. He rates the pain 5/10. He is reported to have no active medications. On examination his BMI is 30.7. He continues to have tenderness around the mid to lower lumbar levels, left greater than right. He is noted to have paraspinous muscle spasms bilaterally in the lumbar region but the left side is more pronounced. Negative straight leg raise but he has some dysesthesias and subjective tingling down the left lower extremity to the ankle. Range of motion continues to be moderately decreased and painful. Diagnoses include 1) displacement of lumbar intervertebral disc without myelopathy, 2) sciatica, 3) acquired spondylolisthesis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership (12 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, Low Back Chapter, Gym Membership

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 chapter, Gym Membership section.

Decision rationale: The MTUS Guidelines do not address gym memberships to provide access for self directed therapy. The ODG does not recommend gym membership 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. Treatment needs to be monitored and administered by medical professionals to monitor outcomes. With unsupervised programs there is no information flow back to the provider, so changes in the prescription can be made, and there may be risk of further injury to the patient. Gym memberships, health clubs, swimming pools, athletic clubs, etc, would not generally be considered medical treatment. The requesting physician indicates that it is very important for the injured worker to have access to a facility where he can come and do exercises in the water. Prior notes indicate that the injured worker has tried to stretch and exercise at the gym. No benefit is reported, and the details of a home exercise program are not specified. The only special equipment reported as needed is a swimming pool. The injured worker's BMI is 30, which is not excessive to requiring reduced weight bearing for exercise tolerance. Medical necessity of this request has not been established. The request for Gym membership (12 months) is determined to not be medically necessary.