

Case Number:	CM14-0208540		
Date Assigned:	12/22/2014	Date of Injury:	10/01/2009
Decision Date:	02/18/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/12/2014

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. 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 & Rehabn

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 patient is a 60 year old male with an injury date of 10/01/09. Based on the 10/24/14 progress report provided by treating physician, the patient complains of low back pain radiating to right lower extremity with pain rated 7.5/10. Physical examination on 08/01/14 of the lumbar spine revealed tenderness to palpation over the right greater trochanter as well as along the IT bank and insertion into Gerdy's tubercle. Hip range of motion was moderately limited in all planes bilaterally. Patient's current medications include Gabapentin and Naproxen. Per UR dated 12/02/14, patient has had 6 sessions of physical therapy. MRI dated 08/11/14 severe L5-S1 and L4-L5 degeneration and severe L1-L2 degenerative disc disease. Per treater report dated 10/24/14, the patient is not working. Diagnosis (10/24/14)- Spinal stonosis of lumbar region- Achilles tendinitis- Chronic pain syndrome- Pain in elbow- Shoulder pain The utilization review determination being challenged is dated 12/02/14. The rationale follows: "there is no documentation that the gym membershi would be monitored my medical professionals. There is no documentation of a need for special equipment." Treatment reports were provided from 08/01/14 to 11/17/14. Treatment reports were provided from 08/01/14 to 11/17/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership x 6 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 (ODG), Gym Memberships, (updated 11/21/14)

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 memberships.

Decision rationale: The patient presents with low back pain radiating to right lower extremity with pain rated 7.5/10. The request is for gym membership x 6 months. Patient's current medications include Gabapentin and Naproxen. Per UR dated 12/02/14, patient has had 6 sessions of physical therapy. MRI dated 08/11/14 severe L5-S1 and L4-L5 degeneration and severe L1-L2 degenerative disc disease. Per treater report dated 10/24/14, the patient is not working. MTUS and ACOEM guidelines are silent regarding gym membership. The ODG guidelines state that gym memberships are "Not recommended as a medical prescription unless monitored and administered by medical professionals. While a home exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment, may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision." In progress report dated 08/07/14, patient was to continue home exercise program and was educated and demonstrated hip girdle flexibility and spine stabilization exercises. The treater does not mention why a gym membership is needed when the patient is able to do exercises at home. There are no details about the medical need for the use of specialized equipment. There is no plan for medical supervision at the gym. Therefore, this request is not medically necessary.