

Case Number:	CM15-0001955		
Date Assigned:	01/13/2015	Date of Injury:	10/04/1994
Decision Date:	03/06/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/05/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 62 year old woman sustained an industrial injury on 10/4/1994. The mechanism of injury is not detailed. Current diagnoses include cervical radiculopathy due to DID, lumbar displaced intervertebral disc, lumbar pain, non specific, cervical spinal stenosis, cervical displaced intervertebral disc, and pain in shoulder joint. Treatment has included oral medications and physical therapy. Physician notes dated 12/4/2014 show increasing cervical spine pain with right hand numbness and right arm weakness. The last cervical spine MRI was noted to be in 2010. Recommendations included a repeat cervical spine MRI. A request for authorization was entered for continuation of the gym program as stated below. On 12/12/2014, Utilization Review evaluated a prescription for continuation of gym program 3-4x/week for the lower back, that was submitted on 12/30/2014. The UR physician notes the gym program is not necessary unless a home exercise program with periodic assessment has not been effective and the treatment needs to be monitored by medical professionals. Further, the gym program is for lumbar symptoms, which are improved per documentation. It was recommended that the worker be educated in a home exercise program that would not require specialized equipment. The MTUS, ACOEM Guidelines, (or ODG) was cited. The request was denied and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue Gym Program 3 times a week for 4 week a week for lower back: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Chapter, Health Clubs

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation gym memberships

Decision rationale: The California MTUS and the ACOEM do not specifically address gym memberships. Per the Official Disability Guidelines, 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 specialized equipment not available at home. Treatment needs to be monitored and administered by medical professionals. There is no included documentation, which shows failure of home exercise program. The provided documentation also notes successful physical therapy in reduction of pain symptoms. The documentation states the gym membership and personal trainer sessions are to further improve strength and flexibility. There is no indication why this would be necessary after the completion of physical therapy and why this cannot be accomplished through a home exercise program. In addition the patient's lumbar symptoms are reported to have improved with exercise program. The criteria for gym membership as outlined above have not been met. Therefore the request is not certified.