MAXIMUS Federal Services

Case Number:	CM15-0007156		
Date Assigned:	01/26/2015	Date of Injury:	07/06/2011
Decision Date:	03/19/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/13/2015

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 52 year old female, who sustained a work related injury on 7/6/11. The diagnoses have included left knee internal derangement, left knee strain, lumbar disc displacement, lumbar disc degeneration, and lumbar strain/sprain. Treatments to date have included trigger point injections, physical therapy, acupuncture treatments, and oral medications. The injured worker complains of frequent low back pain with radiation to the hips and buttocks. She rates this pain a 7/10. She also complains of intermittent left knee pain with tingling and swelling. She rates this pain a 9/10. Range of motion is decreased in lumbar area. She has tenderness with palpation of left knee, swelling of knee noted and has full range of motion. On 12/31/14, Utilization Review non-certified a request for a gym membership for 6 months. The ODG were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership for six 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), Low Back Chapter, Gym Memberships Section

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation low back chapter regarding gym membership

Decision rationale: This patient presents with low back pain with radiation of pain to the hips and buttocks. The patient also presents with complaints of intermittent pain on the left knee. The current request is for gym membership for 6 months. The treating physician states that the recommendation is per AME report which recommended that the patient participate in gym exercises for 6 months. Review of the AME report dated 09/17/2014 recommended a membership at a reputable gym or health club facility with pool facilities. Gym memberships are not specifically addressed in ACOEM. The ODG Guidelines under the low back chapter regarding gym membership has the following: 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. Plus, treatment needs to be monitored and administered by medical professionals. While an individual program of course recommended, more elaborate personal care or outcomes are not monitored by a healthcare 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. With unsupervised programs, there is no information provided to the treating physician, so that he or she can make changes in the prescription and there is a risk of further injury to the patient. Gym memberships, health clubs, swimming pools, athlete clubs, etc., would not generally be considered medical treatment and therefore not covered under these guidelines. In this case, the treating physician has not provided a rationale for this request. There is no documentation of failure of a home exercise program, nor any documented intent to monitor patient's improvement with the gym membership. This request IS NOT medically necessary.