

Case Number:	CM15-0008496		
Date Assigned:	01/23/2015	Date of Injury:	08/20/2009
Decision Date:	03/26/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/14/2015

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, Arizona

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 26-year-old male who reported an injury on 08/20/2009. The mechanism of injury involved a fall. The current diagnoses include status post work related injury, T8-9 fracture dislocation, T6-10 posterior spinal instrumentation and fusion on 08/20/2009, epidural hematoma evacuation, history of the head trauma, history of surgical site revision for screws on aorta, history of bilateral PE, T8 paraplegia, neurogenic bladder, neurogenic bowel, spasticity, musculoskeletal and neuropathic pain, aortic stenosis and previous motor vehicle accident, acute diagnosis of pneumonia and strep throat, status post bladder augmentation, and history of trauma to the right lower extremity inner thigh with hematoma. The injured worker presented on 12/16/2014 for a followup evaluation. The injured worker reported increased shoulder pain with activity. It was noted that the injured worker was participating in cognitive behavioral therapy. Upon examination, there was 5/5 motor strength in the bilateral upper extremities. Recommendations at that time included a gym membership. There was no Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

24 Hour Fitness yearly community gym membership: 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- Lumbar & Thoracic (Acute & Chronic) 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) Knee & Leg Chapter, Gym memberships.

Decision rationale: The Official Disability Guidelines do not recommend a gym membership as a medical prescription, unless a home exercise program has not been effective and there is a need for equipment. In this case, there was no indication that this injured worker's individual exercise program has not been effective. The medical necessity for specialized equipment has not been established. Given the above, the request is not medically appropriate at this time.