

Case Number:	CM15-0101674		
Date Assigned:	06/04/2015	Date of Injury:	10/27/2009
Decision Date:	07/09/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/27/2015

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: Connecticut, California,

Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 55-year-old woman sustained an industrial injury on 10/27/2009. The mechanism of injury is not detailed. Evaluations include cervical spine MRI dated 2/24/2012. Diagnoses include neck pain and myofascial cervical spine pain. Treatment has included oral medications and physical therapy. Physician notes dated 4/16/2015 show complaints of continued low back pain. Trigger point injection were administered during this visit. Recommendations include Norco, trigger point injections, three-month gym membership, self-guided water therapy, and follow up in one month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership, with pool, 3 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 - 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) low back, gym memberships.

Decision rationale: The MTUS does not discuss gym memberships, and therefore the ODG provides the preferred mechanism for assessment of medical necessity regarding the topic. The ODG states that 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 equipment; the provided records do not clarify these concerns and therefore do not provide sufficient evidence to support the request. Additionally, treatment needs to be monitored and administered by medical professionals, which does not encompass personal trainers. While an individual exercise program is of course recommended, the current request given the provided records cannot be considered medically necessary and appropriate.