

Case Number:	CM15-0104497		
Date Assigned:	07/24/2015	Date of Injury:	04/10/2002
Decision Date:	08/20/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	06/01/2015

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: 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:

The injured worker is a 68-year-old male who sustained an industrial injury on 04/10/2002. The injured worker was diagnosed with sciatica, lumbar discopathy and myofascitis right knee. Treatment to date has included diagnostic testing, lumbar epidural steroid injection, right knee viscosupplementation injection series, physical therapy and medications. According to the primary treating physician's progress report on May 1, 2015 the injured worker continues to experience low back, left leg and knee pain. The injured worker rates his low back pain level at 1/10, left leg pain at 3-6/10 and right knee pain and numbness at 10/10. The injured worker reports bladder and bowel issues were worse. Examination demonstrated an antalgic gait with tenderness to palpation of the right knee with decreased range of motion and 3+ crepitus. The extensor hallucis longus noted weakness, negative for ligament laxity and 3+ myospasm. The lumbar spine examination noted flexion at 40 degrees and extension at 10 degrees. Current medications were not noted. Treatment plan consists of urology consultation and the current request for a six-month gym membership.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership for 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, Low Back (Acute & Chronic): Gym Membership (2015).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Low Back Complaints Section: Gym Membership.

Decision rationale: The MTUS guidelines are silent on the request for a gym membership. However, the Official Disability Guidelines do discuss a gym membership as a treatment modality. A gym membership is 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. In addition, treatment needs to be monitored and administered by medical professionals. While an individual 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. With unsupervised programs, there is no information flow back to the provider, so he or she can make changes in the prescription, and there may be risk of further injury to the patient. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment, and are therefore not covered under these guidelines. In this case, the Official Disability Guidelines do not support a gym membership. As noted there is no evidence that the patient is not capable of performing a home exercise program or needs more supervision. Further, there is no evidence of a plan to monitor appropriate outcomes of a gym membership; including improved function and decreased pain. For these reasons, a gym membership X 6 months is not considered as medically necessary.