

Case Number:	CM15-0018030		
Date Assigned:	03/18/2015	Date of Injury:	06/08/2012
Decision Date:	04/20/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	01/30/2015

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 63 year old male, who sustained an industrial injury on June 8, 2012. The injured worker reported left ankle pain. The injured worker was diagnosed as having Achilles tendon strain and tendinitis with surgery, lumbosacral strain with radicular symptoms, lumbar stenosis and annular bulge. Treatment to date has included Achilles tendon surgery and medication. Progress note dated December 23, 2014 the injured worker complains of back and ankle pain. He uses Tylenol #3 for severe pain and reports it to be very effective for pain. He rates his pain to be 7-8/10 and constant and has not taken Tylenol # for 3-4 days due to running out. The plan is for pain management, gym membership and to continue medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 year 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 and Thoracic (Acute and Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low back Chapter, GYM membership.

Decision rationale: The patient presents with pain and weakness in her neck, lower back and upper/lower extremities. The request is for 1 YEAR OF GYM MEMBERSHIP. The patient has had physical therapy, aqua therapy and home exercise program in the past. MTUS and ACOEM guidelines are silent regarding gym membership. ODG guidelines, under Low back Chapter, GYM membership, does not recommend it 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. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment. In this case, the treater requested a year gym membership for the patient to do independent pool exercise. The treater does not explain why exercise cannot be performed at home, what special equipment needs are medically necessary or how the patient is to be supervised. Furthermore, ODG guidelines state gym memberships are not considered medical treatment. The request IS NOT medically necessary.