

Case Number:	CM15-0018662		
Date Assigned:	02/06/2015	Date of Injury:	08/22/1996
Decision Date:	04/03/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/02/2015

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 59-year-old male who reported an injury on 08/22/1996. There was a Request for Authorization submitted for review for a renewal of a gym membership on 01/13/2015. The documentation of 01/13/2015 revealed the injured worker had lumbar disc displacement. The injured worker was noted to benefit from going to the [REDACTED] on an almost daily basis. The injured worker benefitted from both the swimming pool and the Jacuzzi. The injured worker did not take pain medications. The objective findings revealed the injured worker had paralumbar tenderness in the lower spine bilaterally. Range of motion was decreased. The straight leg raise was positive in the sitting and supine positions. There was no obvious motor sensory deficit. Diagnoses included lumbar disc protrusion and lumbar sprain. The treatment plan included a renewal of the [REDACTED] membership. The physician opined the membership was a benefit and kept the injured worker from utilizing other medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 [REDACTED] gym membership (1 year): 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), Aquatic therapy.

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 Chapter, Gym Membership.

Decision rationale: The Official Disability Guidelines indicate that a gym membership, health club, and swimming pool, would not generally be considered a medical treatment, and therefore is not covered under the Official Disability Guidelines. The clinical documentation submitted for review indicated the injured worker had utilized a gym membership. However, there was lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. Given the above, the request for 1 [REDACTED] gym membership 1 year is not medically necessary.