

Case Number:	CM15-0133874		
Date Assigned:	07/22/2015	Date of Injury:	06/02/2014
Decision Date:	08/25/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/10/2015

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, Hawaii
 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 32 year old male, who sustained an industrial injury on 6/02/2014, resulting from a fall down stairs. The injured worker was diagnosed as having disk herniation. Treatment to date has included diagnostics, left L5-S1 laminectomy and discectomy in 10/2014, physical therapy, and medications. Currently, the injured worker was to undergo a repeat left L5-S1 laminectomy and discectomy on 6/11/2015. The treatment plan included post-operative back school, self-management physical therapy program, for daily non-impact loading aerobic exercise program such as lap swimming, aquaerobics, yoga, Pilates, or a self-directed gym program, most appropriately done with a gym membership for 6-12 months. Post-operative physical therapy was also requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) - Twelve (12) month gym membership for pool access, Qty: 1.00: 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 Chapter, Gym Membership.

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 Memberships.

Decision rationale: The patient presents with a disc herniation resulting from a fall down stairs. The current request is for: 6 - 12 month gym membership for pool access. The treating physician states, in a report dated 06/08/15, "At this time, permission is requested for the patient to attend the postoperative back school self management physical therapy program approximately 3 weeks subsequent to his surgery. At that time, he should also begin a daily non impact-loading aerobic exercise program such as lap swimming, aquaerobics, yoga, Pilates, or a self-directed gym program. This would most appropriately be done with a gym membership for 6 to 12 months." (4A) The MTUS guidelines are silent on the issue of gym memberships. The ODG guidelines state that they 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. In this case, in the records available for review, there is no documentation of prior responses to physical therapy. There is no documentation of failure of a home exercise program. There is no documentation that outlines why a 6 -12 month non supervised gym membership is medically necessary. While this may be nice for the patient, there is no medical evidence to support the request. The current request is not medically necessary.