

Case Number:	CM15-0136684		
Date Assigned:	07/24/2015	Date of Injury:	06/24/2012
Decision Date:	08/21/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/14/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 female (undisclosed age) who sustained an industrial injury on 6/24/12 while carrying out bags of empty bottles she felt a crack in her back as she attempted to throw away the ripped trash bag. She was medically evaluated, x-rayed, given pain medication and did physical therapy. She was placed on restrictions at work which were ignored and continued with increasing pain in the neck and shoulders with numbness in her leg and headaches. She currently complains of upper back, neck, low back and left leg pain. She has sleep difficulties. Diagnoses include depressive disorder; low back pain; left knee pain and swelling; right shoulder pain; neck pain; insomnia. Treatments to date include stretches at home; physical therapy. In the progress note dated 4/29/15 the treating provider's plan of care includes a request for gym membership (three month trial per Utilization review).

IMR ISSUES, DECISIONS AND RATIONALES

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

Three month trial gym membership (neck, low back, right shoulder): 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).

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-Lumbar & Thoracic (Acute & Chronic), Gym memberships and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6: p87.

Decision rationale: The claimant sustained a work injury due to cumulative trauma with date of injury in June 2012. She continues to be treated for neck, upper back, low back, and left leg pain. When seen, she was walking daily. She was having difficulty sleeping. The assessment references previous consideration of a referral for aquatic therapy and she was referred for this as well as a three month trial gym membership. 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. If a membership is indicated, continued use can be considered if can be documented that the patient is using the facility at least 3 times per week and following a prescribed exercise program. In this case, at this time there is no documentation of a prescribed exercise program or need for specialized equipment. The requested gym membership is not medically necessary.