

Case Number:	CM15-0139142		
Date Assigned:	07/29/2015	Date of Injury:	01/03/2002
Decision Date:	09/01/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/17/2015

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, North Carolina
 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:

This is a 72 year old male with a January 3, 2002 date of injury. A progress note dated May 15, 2015 documents subjective complaints (ongoing pain and stiffness to the low back radiating down both legs with numbness, tingling, and weakness to the legs), objective findings (walks with a cane; tenderness to palpation over the lumbar paraspinous region with spasms present; limited range of motion of the lumbar spine; straight leg raises are positive bilaterally; decreased sensation in the right L5 and S1 dermatomal distributions; patellar and Achilles reflexes are trace bilaterally), and current diagnoses (advanced disc destruction and deterioration at L1-L2 with high grade foraminal stenosis; lumbosacral radiculopathy). Treatments to date have included medications, aquatic physical therapy with reported benefit, lumbar spine fusion, and computed tomography scan of the lumbar spine (showed bony fusion from L2 through L5 with a transitional segment at L5-S1, bilateral foraminal stenosis at L3 through S1, bony hyperostosis, and foraminal narrowing; adjacent level disc shows marked deterioration with vacuum disc changes anterior and posterior osteophytes, high grade foraminal stenosis and nerve root compression). The treating physician documented a plan of care that included a gym membership to allow the injured worker to continue an effective exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

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, 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 (gym membership).

Decision rationale: CA MTUS does not address gym memberships. ODG states that gym memberships are not recommended unless a home exercise program has been ineffective or there is a need for specialized equipment. In addition, treatment needs to be administered by a medical professional. In this case, there is no evidence that a home exercise program has been ineffective. There is no evidence that the patient requires specialized equipment. There is also no evidence that the gymnasium would provide treatment and monitoring by a medical professional. In general, gym memberships are not considered as medical treatment. Therefore this request is deemed not medically necessary or appropriate.