

Case Number:	CM15-0144881		
Date Assigned:	08/05/2015	Date of Injury:	07/10/2009
Decision Date:	09/02/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/27/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 55 year old male, who sustained an industrial injury on 7-10-2009, reporting severe neck, bilateral shoulder, and low back pain. The injured worker was diagnosed as having other and unspecified disc disorder, lumbar region, lumbosacral neuritis, not otherwise specified, and other and unspecified disc disorder, cervical region. Treatment to date has included diagnostics, physical therapy, transcutaneous electrical nerve stimulation unit, and medications. Currently, the injured worker complains of pain from his neck, shoulders, back, low back, right leg, and arms. He reported taking Aleve. His height was 5'9" and weight was 234 pounds. The treatment plan included starting Gabapentin and a three month gym membership. The rationale for the gym membership was to facilitate weight loss and improve pain. His work status remained modified with restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Three (3) months 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, Low Back, 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) Pain section, Gym membership.

Decision rationale: Pursuant to the Official Disability Guidelines, 3 month gym membership is not medically necessary. Gym memberships are not recommended as a medical prescription unless a documented home exercise program periodic assessment, revision has not been effective, and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals area with unsupervised programs, there is no information flow back to the provider, so he or she can make changes in the prescription, and there may be risk of further injury to the patient. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment and are therefore not covered under these guidelines. In this case, the injured worker's working diagnoses are disc disorder NEC/NOS- lumbar; lumbosacral neuritis NOS; disc disorder NEC/NOS -cervical. The date of injury is July 10, 2009. Request for authorization is July 1, 2015. According to a handwritten, illegible July 1, 2015 progress note, the injured worker's subjective complaints are neck pain, bilateral shoulder pain, arm pain, back pain and left leg pain. Objectively, the documentation is not legible. The treating provider is requesting a gym membership to facilitate weight loss and pain control. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment and are therefore not covered under these guidelines. Consequently, absent guideline recommendations for a gym membership, 3 month gym membership is not medically necessary.