

Case Number:	CM15-0145423		
Date Assigned:	08/06/2015	Date of Injury:	03/16/2002
Decision Date:	09/09/2015	UR Denial Date:	07/03/2015
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, 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:

This 75-year-old woman sustained an industrial injury on 3-16-2002. The mechanism of injury is not detailed. Diagnoses include cervical spondylosis without myelopathy, thoracic spondylosis, and lumbosacral spondylosis. Treatment has included oral medications. Physician notes dated 6-12-2015 show complaints of low back pain and bilateral wrist pain. Recommendations include one-year membership at the YMCA with equipped pool therapy, Percocet, and follow up in one year.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) year YMCA membership equipped with pool therapy: 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 Section.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Online, Low Back Chapter, Gym Memberships.

Decision rationale: The patient presents with diagnoses that include cervical spondylosis without myelopathy, thoracic spondylosis and lumbosacral spondylosis. Currently the patient complains of low back pain and bilateral wrist pain. The current request is for one-year YMCA membership equipped with pool therapy. The treating physician states on 7/31/15 (4B), "we are modifying our request of a 1 year gym membership with pool therapy to a 13-week health club membership with pool access." The MTUS guidelines do not address gym memberships. The ODG guidelines states the following for gym memberships: "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 addition, treatment needs to be monitored and administered by medical professionals. While an individual exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision. 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 request for an unsupervised gym membership does not meet the ODG guidelines. The current request is not medically necessary.