

Case Number:	CM15-0160870		
Date Assigned:	08/27/2015	Date of Injury:	07/25/1980
Decision Date:	10/21/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	08/17/2015

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

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 is a 63 year old male with a date of injury of July 25, 1980. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar degenerative disc disease and lumbar post laminectomy syndrome. Medical records dated June 30, 2015 indicate that the injured worker states he is doing well with his home program, working out at the gym. Per the treating physician (June 30, 2015), the employee has returned to work. The physical exam dated June 30, 2015 reveals good range of motion of the back, and normal stability, strength, sensation, and pulses. Treatment has included spine surgery, Norco "on a when necessary basis", and exercise. The documentation indicates that the injured worker does not have access to the types of exercise equipment that he utilizes except for at the gym. The original utilization review (July 20, 2015) non-certified a request for a three year gym membership for the lower back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership times 3 years for low back: 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 - Gym memberships.

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) Chapter, under Gym Membership.

Decision rationale: Based on the 7/2/15 progress report provided by the treating physician, this patient presents with no subjective complaints of pain. The treater has asked for Gym Membership Times 3 Years For Low Back on 7/2/15. The request for authorization was not included in provided reports. The 7/2/15 report states that the patient has not been evaluated in over a year. The patient is "doing well" with a home exercise program, and also working out at the gym per 7/2/15 report. The patient attends the gym 2-3 times a week and does swimming, biking, weight lifting, and uses the treadmill per 7/2/15 report. The patient is currently working per 7/2/15 report. ODG Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, under Gym Membership states, "Not recommended as a medical prescription unless monitored and administered by medical professionals. While a home 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." The patient has a diagnosis of low back pain but has no subjective complaints of pain, and is "doing well" on a home exercise program including working out 2-3 times a week at the gym. The treater recommends a "renewal" of a 3-year gym membership on 7/2/15 but does not provide a rationale for the request. Physical exam on 7/2/15 showed a negative straight leg raise and good range of motion of bilateral hips. In this case, the treater does not explain why working out at the gym provides the only alternative for the patient's exercise regimen and does not explain how the patient is to be monitored by a medical professional as required by ODG guidelines. ODG guidelines do not support gym memberships, as a medical treatment as there is no professional medical oversight to establish goals and monitor progression. The request IS NOT medically necessary.