

Case Number:	CM15-0163000		
Date Assigned:	08/31/2015	Date of Injury:	10/28/2010
Decision Date:	09/30/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	08/19/2015

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: Preventive Medicine, Occupational 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 57-year-old female who sustained an industrial-work injury on 10-28-10. She reported an initial complaint of back and neck pain. The injured worker was diagnosed as having cervical spine musculoligamentous strain-sprain, lumbosacral spine musculoligamentous strain-sprain. Treatment to date includes medication, activity modification, and aquatic therapy (6 sessions). Currently, the injured worker complained of neck and low back pain with radiation to all extremities. Per the primary physician's report (PR-2) on 6-22-15, exam of the lumbar spine revealed tenderness, positive straight leg raise, and Kemp's test with flexion at 43 degrees, extension at 14 degrees, right side bending at 16 degrees, left side bending at 14 degrees. The cervical spine revealed tenderness. The requested treatments include 6 month gym membership with pool access to lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 month Gym Membership with pool access to lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, 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 Chapter/Gym Membership Section.

Decision rationale: The MTUS Guidelines do not address gym memberships. The ODG does not recommend gym memberships 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. Treatment needs to be monitored and administered by medical professionals. While an individual exercise program is recommended, more elaborate personal care where outcomes are not monitored by a health profession is not recommended, 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 patients. In this case, there is no evidence that a home exercise program with periodic assessment and revision has not been effective. There is no evidence that the injured worker needs close supervision while exercising. The request for 6 month Gym Membership with pool access to lumbar spine is determined to not be medically necessary.