

Case Number:	CM15-0183035		
Date Assigned:	09/23/2015	Date of Injury:	10/19/2009
Decision Date:	10/29/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/17/2015

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: 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:

The injured worker is a 62 year old male, who sustained an industrial injury on October 19, 2009. The injured worker was diagnosed as having status post laminectomy syndrome to the cervical spine and status post laminectomy syndrome of the lumbar spine. Treatment and diagnostic studies to date has included above noted procedures, status post lumbar hardware removal, physical therapy of unknown quantity, laboratory studies, x-ray of the lumbar spine, and medication regimen. In a progress note dated August 28, 2015 the treating physician reports a decrease in the pain and resolution of swelling to the low back since removal of lumbar hardware six weeks prior to this examination, but has complaints of fatigue with activities. Examination performed on August 28, 2015 was revealing for healing incisions with no signs of infection or swelling and a gait that was noted to be within normal limits. During this examination the treating physician also noted that the injured worker was able to perform activities of "remodeling to his home". On August 28, 2015 the treating physician requested a six month gym membership noting fatigue with increased activities and prior knowledge of appropriate exercises to perform to regain strength from prior physical therapy. Therefore, the treating physician requested a gym membership versus a structured physical therapy program. On September 08, 2015 the Utilization Review denied the request for a gym membership times six months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership x 6 months: 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) 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) gym memberships.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ODG states that gym memberships are only indicated if there is a failure of a home exercise program or the need for specialized equipment. The membership must be under the direct supervision of a medical professional. The provided medical records for review do not show any of these criteria as having been met. Therefore, the request is not medically necessary.