

Case Number:	CM15-0185074		
Date Assigned:	09/25/2015	Date of Injury:	09/23/2006
Decision Date:	11/06/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/21/2015

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: Texas, New York, 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of September 23, 2006. In a Utilization Review report dated August 28, 2015, the claims administrator failed to approve a request for a 1-year gym membership. An August 4, 2015 office visit was referenced in the determination. The applicant's attorney subsequently appealed. On September 10, 2015, the applicant was placed off of work, on total temporary disability owing to reported diagnoses of coccidiomycosis, high blood pressure, and diabetes. Overall commentary was sparse. On a handwritten note dated August 4, 2015, difficult to follow, not entirely legible, the applicant was given diagnoses of hypertension, obesity, dyslipidemia, neuropathy, disseminated coccidiomycosis, and myofascial pain syndrome. Overall commentary was difficult to follow and not altogether legible. The applicant's most recent hemoglobin A1c was 7.0, it was reported. The applicant was asked to pursue a gym membership.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership with trainer, quantity: 1 year service: 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), Knee & Leg Chapter (updated 07/10/15): Gym memberships.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Problems, Gym memberships.

Decision rationale: No, the request for a gym membership was not medically necessary, medically appropriate, or indicated here. As noted on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants should be instructed in and are expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The MTUS Guideline in ACOEM Chapter 3, page 48 likewise notes that, to achieve functional recovery, that applicants must assume certain responsibilities, one of which includes adhering to and maintaining exercise regimens. Thus, both page 98 of the MTUS Chronic Pain Medical Treatment Guidelines and page 83 of the ACOEM Practice Guidelines both seemingly espouse the position that gym memberships, exercise, and the like are articles of applicant responsibility as opposed to articles of payer responsibility. ODGs Low Back Chapter Gym Memberships topic further notes that gym memberships are not recommended as a medical prescription unless a home exercise program has proven ineffective and there is a need for specialized equipment. Here, the attending provider's handwritten August 4, 2015 office visit did not clearly state why the gym membership was being sought. There was no mention of the applicant's having attempted to perform a home exercise program and/or said home exercise program having proven ineffectual. Therefore, the request was not medically necessary.