MAXIMUS Federal Services

Case Number:	CM15-0199080		
Date Assigned:	10/14/2015	Date of Injury:	12/18/2014
Decision Date:	11/25/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/09/2015

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: Iowa, Illinois, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 68 year old male injured worker suffered an industrial injury on 12-18-2014. The diagnoses included lumbar myofascial and cervical pain, left rotator cuff tendinopathy and lumbar disc bulges. On 9-17-2015, the treating provider reported he was off Neurontin and continued to take Baclofen and Mobic with some improvement. He reported increase in stiffness in the back with stable pain at 2 to 3 out of 10. On exam there was significant tenderness of the bilateral lumbar muscles with limited range of motion. He had positive Neer's, Hawkin's and facet loading maneuver on the right side. The provider requested additional physical therapy and a gym membership. Prior treatment included 6 sessions of physical therapy and 6 sessions of chiropractic therapy. Request for Authorization date was 9-17-2015. The Utilization Review on 10-1-2015 determined non-certification for Gym membership.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

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), Gym Membership.

Decision rationale: The MTUS guidelines are silent as to gym memberships so the Official Disability Guidelines were consulted. ODG states, "gym memberships are 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." The official disability guidelines go on to state "Furthermore, treatment needs to be monitored and administered by medical professionals". The request for gym membership is not recommend per Official Disability Guidelines (ODG) as outlined above. As such, the request for Gym membership is not medically necessary.