

Case Number:	CM15-0199254		
Date Assigned:	10/14/2015	Date of Injury:	06/07/2008
Decision Date:	12/01/2015	UR Denial Date:	09/11/2015
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: California, Hawaii
 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:

The injured worker is a 38 year old, male who sustained a work related injury on 6-7-08. A review of the medical records shows he is being treated for low back pain. Treatments have included his own physical therapy and medications. Current medications include Omeprazole, Ketoprofen, Carisoprodol and Norco. In the progress notes, the injured worker reports continuing low back pain with radiation to his right leg. On physical exam dated 9-2-15, he has tenderness to the lumbar paraspinal muscles. He has spasm present. His lumbar range of motion is decreased. He has a positive straight leg raise with his left leg. His sensation is decreased in the left L5 dermatomal distribution. He is working. The treatment plan includes a request for a gym membership to do his own physical therapy. The Request for Authorization dated 9-2-15 has requests for a gym membership, for Ketoprofen and Norco. In the Utilization Review dated 9-11-15, the requested treatment of a gym membership (renewals in months) is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership, renewal x3 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Exercise. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines, 2nd Edition (2004) page 114 and The Official Disability Guidelines (ODG) Lumbar spine - gym memberships.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Online, Low Back Chapter, Gym Memberships.

Decision rationale: The patient presents with diagnoses that include chronic low back pain, lumbar disc displacement without myelopathy, early multilevel degenerative disc disease, redomstration of probably bilateral L5 para interarticular defects without listhesis and Bunionectomy not elsewhere classified. The patient recently complained of continuing low back pain with radiation to his right leg. The current request is for a 3-month gym membership. The treating physician states in the 6/1/15 (30B) treating report, "He has had Physical Therapy in the past that helped his pain and allowed him to function. He knows what exercises he needs to do, however he does not have the equipment. We will order a gym membership for him to be able to do his own PT." In a later treating report dated 9/2/15 (48B) the treating physician states, "He does his own PT in the gym. He was approved for a 3-month membership. We will request it again so he can continue his own PT and reduce his pain and improve function. He knows what exercises he needs to do, however, he does not have the equipment." MTUS guidelines do not address gym memberships. The ODG guidelines states the following for gym memberships: "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. Plus, treatment needs to be monitored and administered by medical professionals. While an individual 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. 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 patient. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment, and are therefore not covered under these guidelines." In this case, the request for an unsupervised gym membership for does not meet ODG guidelines due to a lack of medical supervision and a lack of information flow back to the provider. The current request is not medically necessary.