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| Case Number: | CM15-0202259 | | |
| Date Assigned: | 10/19/2015 | Date of Injury: | 09/22/2003 |
| Decision Date: | 11/30/2015 | UR Denial Date: | 10/07/2015 |
| Priority: | Standard | Application Received: | 10/14/2015 |

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, Indiana, New York
Certification(s)/Specialty: Internal 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 64 year old male, who sustained an industrial injury on 09-22-2003. A review of the medical records indicates that the worker is undergoing treatment for lumbar and cervical post-laminectomy syndrome. Subjective complaints (05-11-2015, 07-06-2015, 09-09-2015) included neck, low back, bilateral arm, leg and hand pain that was rated as 4-5 out of 10 during the visit but was noted to often be higher. Pain medication was noted to reduce pain by 40%-50%. Objective findings on 05-11-2015 and 07-06-2015 were noted to reveal no significant changes but no objective examination of body systems was documented. Objective findings (09-09-2015) included right leg pain and absent deep tendon reflexes in the right and left patella and bilateral Achilles. Treatment has included pain medication, physical therapy, transcutaneous electrical nerve stimulator (TENS) unit, surgery and application of heat and ice. Physical therapy was noted to improve functional status with increased ambulatory distance, increased duration of sitting, standing, driving and sleeping but pain was noted to have remained unchanged. The physician noted that a spinal cord stimulator trial would be considered and encouraged the worker to continued physical therapy and rehabilitation. A request for authorization of annual health club membership- [REDACTED] was submitted on 09-15-2015 with no rationale given for the request. A utilization review dated 10-07-2015 non-certified annual health club membership - [REDACTED].

IMR ISSUES, DECISIONS AND RATIONALES

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

Annual health club membership- [REDACTED]: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation State of Minnesota WC Treatment Parameter Rules, TP-59.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Gym membership.

Decision rationale: Pursuant to the Official Disability Guidelines, annual health club membership - [REDACTED] is not medically necessary. Gym memberships are not recommended as a medical prescription unless a documented home exercise program 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 area 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 injured worker's working diagnoses are lumbar stenosis; lumbar post laminectomy syndrome; cervical post laminectomy syndrome; and spinal stenosis in the cervical region. Date of injury is September 22, 2003. Request for authorization is September 30, 2015. According to a September 9, 2015 progress note, subjective complaints include neck pain, low back pain, arm, leg and hand pain. Objectively, there is positive straight leg raising with a neurologic evaluation showing the normal motor examination. There is no musculoskeletal examination of the lumbar spine. The injured worker is actively receiving physical therapy. There is no treatment plan request for a health club membership. There is no clinical discussion, indication or rationale for a health club membership at the [REDACTED]. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment and are therefore not covered under these guidelines. Based on the clinical information in the medical records, peer-reviewed evidence-based guidelines, guideline non-recommendations for gym memberships and no clinical documentation, discussion, indication or rationale for a health club membership in the September 9, 2015 progress note, annual health club membership - [REDACTED] is not medically necessary.