

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0020424 | | |
| Date Assigned: | 02/10/2015 | Date of Injury: | 05/03/2006 |
| Decision Date: | 03/30/2015 | UR Denial Date: | 01/19/2015 |
| Priority: | Standard | Application Received: | 02/03/2015 |

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

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 56 year old female who sustained an industrial injury on 05/03/2006. Diagnoses include chronic low back pain, degenerative disc disease of the lumbar spine and paresthasias. Treatment to date has included medications, gym membership, home exercise program and use of a Transcutaneous Electrical Nerve Stimulation (TENS) Unit. A physician progress note dated 12/23/2014 documents the injured worker has normal lumbar lordosis. There is tenderness more on the right compared to the left with taut bands on the quadratus lumborum. Range of motion is normal for pelvic flexion and extension. Treatment requested is for Gym membership. On 01/19/2015 Utilization Review non-certified the request for Gym membership, and cited was Official Disability Guidelines.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back (updated 01/14/15) 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) Low Back - Lumbar & Thoracic (Acute & Chronic) Gym memberships

Decision rationale: Medical Treatment Utilization Schedule (MTUS) does not address gym membership. Official Disability Guidelines (ODG) indicates that gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment, and are therefore not covered under these guidelines. Gym memberships or advanced home exercise equipment, may not be covered under this guideline. The medical records document low back complaints. The progress report dated 12/23/14 documented normal lumbar lordosis. Range of motion was normal for flexion and extension. Strength was 5/5. Sensation was normal. Official Disability Guidelines (ODG) indicates that gym memberships are not considered medical treatment, and do not support the medical necessity of gym memberships. Therefore, the request for a gym membership is not medically necessary.