

Case Number:	CM15-0020676		
Date Assigned:	02/10/2015	Date of Injury:	07/16/1991
Decision Date:	04/02/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/04/2015

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: 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 54-year-old male who reported injury on 07/16/1991. The mechanism of injury was not provided. The documentation of 12/01/2014 revealed the injured worker returned and was noted to have a 1 year membership at the gym and needed a new prescription. The documentation indicated it was what kept the injured worker from taking pain medications and kept his pain from flaring up. The injured worker had increased symptoms. On physical examination, the injured worker had increased paralumbar muscle spasm and tenderness in the lower paralumbar region. The injured worker had increased nerve root irritative signs. The diagnoses included displacement of thoracic or lumbar intervertebral disc without myelopathy. The treatment plan included ibuprofen #60, Vicodin 5/325 mg #90, and a gym membership to be renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership x 1 year: 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); Low back- Lumbar & Thoracic (Acute & Chronic).

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 Chapter, Gym Membership.

Decision rationale: The Official Disability Guidelines indicate that gym memberships and swimming pools would not generally be considered medical treatment and are therefore not covered under the disability guidelines. The clinical documentation submitted for review failed to provide documentation of exceptional factors to warrant non-adherence to guideline recommendations. The documentation indicated the injured worker had objective benefit. There was a lack of documentation of objective functional deficits. The membership is not considered a medical treatment, the request is not supported. As such, the request for gym membership x1 year is not medically necessary.