

Case Number:	CM15-0025635		
Date Assigned:	02/18/2015	Date of Injury:	07/07/1995
Decision Date:	03/31/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/10/2015

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 50 year old male, who sustained an industrial injury on 07/07/1995. He has reported pain in the lower back. The diagnoses have included lumbar post-laminectomy syndrome, with residual bilateral lower extremities radiculopathy, left greater than right; bilateral knee internal derangement, status post arthroscopy; and bilateral shoulder internal derangement, status post left shoulder arthroscopy. Treatment to date has included medications, trigger point injections, physical therapy, lumbar spinal cord stimulator trial, and surgical intervention. Medications have included Roxicodone, Anaprox, and MS Contin. Currently, the injured worker complains of severe back pain with bilateral lower extremity symptoms, left great than right; the pain significantly hinders his activities of daily living; and spinal cord stimulator trial provided at least 60% benefit with notable improvement in mobility and activity tolerance. A progress report from the treating physician, dated 01/16/2015, included objective findings to consist of stiff antalgic gait favoring the left lower extremity; tenderness to palpation about the lumbar paravertebral musculature and sciatic notch region; trigger points and taut bands with tenderness to palpation noted throughout; and decreased lumbar range of motion. The treatment plan included request for a 1 year general membership at the gym, as the exercises help maintain his range of motion and strength. On 01/30/2015 Utilization Review noncertified a prescription for 1 year General Membership. The Official Disability Guidelines were cited. On 02/10/2015, the injured worker submitted an application for a prescription for 1 year General Membership.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 year General Membership: 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 (updated 1/14/15) Gym Membership

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

Decision rationale: Pursuant to the Official Disability Guidelines, one year general membership (Gym) is not medically necessary. 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. 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 post laminectomy syndrome; status post L5 - S1 ALIF on December 16, 2008 with residual bilateral lower extremity radiculopathy; bilateral knee internal derangement; status post arthroscopy; bilateral shoulder arrangement; status post left shoulder arthroscopy; medication induced gastritis; sexual dysfunction; and hypogonadism due to chronic opiate use. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment and are therefore not covered under these guidelines. Consequently, absent guideline recommendations to support gym memberships, one year general membership (Gym) is not medically necessary.