

Case Number:	CM15-0027641		
Date Assigned:	02/20/2015	Date of Injury:	01/26/1996
Decision Date:	04/07/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	02/13/2015

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 sustained an industrial related injury on 1/24/96. The injured worker had complaints of back and lower extremity pain. The diagnosis was paraplegia. Medication included Vicodin. Treatment included the use of a standing frame and physical therapy. The treating physician requested authorization for purchase of a gym membership. On 2/9/15 the request was non-certified. The utilization review physician cited the Official Disability Guidelines and noted a gym membership does not constitute a clinical professionally-directed medical service. Therefore the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 purchase of gym 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), Head and on the Non-MTUS BMJ Publishing Group, Ltd.; London, England; www.clinicalevidence.com; Section: Neurological Disorders; Condition: Bell's Palsy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low back chapter, Gym memberships.

Decision rationale: Based on treater report dated 02/17/15, the patient presents with back and lower extremity pain. The request is for 1 PURCHASE OF GYM MEMBERSHIP. Treatment to date has included the use of a standing frame and physical therapy. Patient's current medication includes Vicodin. Patient is unable to work. Treater progress reports were hand-written, illegible, and difficult to interpret. MTUS and ACOEM guidelines are silent regarding gym membership. The ODG guidelines state that gym memberships are "Not recommended as a medical prescription unless monitored and administered by medical professionals. While a home 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." Treater states, "patient's condition has not improved, all paraplegics need regular exercise to maintain joint and muscle fitness of some degree." ODG does not support gym memberships unless there is a need for a special equipment to perform necessary exercises and adequate supervision/monitoring is provided, which treater has not discussed. Furthermore, duration of membership has not been indicated in the request. Therefore, the request IS NOT medically necessary.