

Case Number:	CM15-0028217		
Date Assigned:	02/20/2015	Date of Injury:	02/09/1983
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, Hawaii

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 69 year old male, who sustained an industrial injury on 02/09/1983. The diagnoses have included failed back surgery syndrome, right L4 radiculopathy, central L4-L5 focal disc protrusion measuring 4mm causing mild to moderate stenosis, central L3-L4 disc protrusion, central L2-L3 disc protrusion with annular disc tear, lumbar facet joint arthropathy bilaterally L4-L5 facet joints, lumbar post-laminectomy syndrome, lumbar degenerative disc disease, lumbar sprain/strain, right knee derangement, right knee irregular sclerosis of the distal femur, right knee joint space narrowing, right knee osteophytes projecting from the tibial spine and medial tibial plateau, and right knee osseous protuberance. Noted treatments to date have included acupuncture and medications. No MRI report noted in received medical records. In a progress note dated 01/08/2015, the injured worker presented with complaints of chronic lumbar spine and bilateral low back pain that radiates to his lower extremities. The treating physician reported recommending gym membership so the injured worker can continue his home exercise program at the gym. Utilization Review determination on 02/09/2015 non-certified the request for repeat 1 year Gym Membership with locker (months) Quantity: 12.00. No guidelines referenced in Utilization Review report for Gym Membership.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Year Gym membership with locker (month): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back Chapter Gym Memberships.

Decision rationale: The patient presents with low back pain which radiates into the lower extremities. The current request is for 1 year gym membership with locker (month). The only reports provided for review was the Utilization Review denial and an acupuncture report from April 2014. Per the UR report, the treating physician states, "I recommend a repeat 1 year gym membership with a locker so the patient can continue his HEP at the gym." (7A). The ODG guidelines state, "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." In this case, the primary treating physician has not documented a need for special equipment that a gym would provide and there is no documentation that this request would be administered by medical professionals. The current request is not medically necessary and the recommendation is for denial.