

Case Number:	CM15-0029537		
Date Assigned:	02/23/2015	Date of Injury:	05/12/1992
Decision Date:	04/07/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/17/2015

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 was a 57 year old female, who sustained an industrial injury, May 12, 1992. According to progress note of September 26, 2014, the injured workers chief complaint was increased neck and back pain. The injured worker went back to physical therapy and continued to work with restrictions. The injured worker was diagnosed with chronic pain syndrome, cervical radiculopathy, cervical degenerative disc disease and lumbar degenerative disc disease. The injured worker previously received the following treatments pain medication, muscle relaxants, Lidoderm patches and physical therapy for the neck and lumbar spine. The primary treating physician requested authorization for a consultation for ergonomic evaluation. On January 20, 2015, the Utilization Review denied authorization for a consultation for ergonomic evaluation. The denial was based on the MTUS/ACOEM and ODG 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: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Procedure Summary.

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

Decision rationale: The 1/20/15 Utilization Review letter states the gym membership requested on the 1/13/15 vendor referral form was denied because it had been 22-years since the injury and the patient should be on an independent home exercise program, and the treatment is not a medical intervention and there was no need for specialized equipment. The 1/13/15 vendor form was not provided for this review. The most recent medical report is dated 9/26/14; at that time the patient was working full duty, and the treatment plan was for PT for the low back and neck. The report that requests the gym membership, or provides a rationale for the membership was not provided for review. MTUS does not specifically discuss gym memberships, so ODG-TWC guidelines were consulted. ODG guidelines, lumbar chapter, for gym memberships states: 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. The guidelines also state 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. The request for a gym membership is not in accordance with ODG guidelines. The request for a gym membership is not medically necessary.