

Case Number:	CM15-0040771		
Date Assigned:	03/10/2015	Date of Injury:	05/19/1997
Decision Date:	04/20/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	03/03/2015

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 48 year old female who sustained an industrial injury on 5/19/97. The injured worker reported symptoms in the back pain. The injured worker was diagnosed as having cervical sprain, bilateral carpal tunnel syndrome, horizontal cleavage tear, posterior horn of the medial meniscus left knee, status post laminectomy and discectomy L4-5, status post spinal fusion L4-5, slight disc desiccation throughout the cervical spine, status post hardware removal lumbar spine, status post left knee arthroscopy. Treatments to date have included activity modification, non-steroidal anti-inflammatory drugs, physical therapy, and ice/rest. Currently, the injured worker complains of "back pain...difficulty with prolonged walking". The plan of care was for a gym membership.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership x 12 months: 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), Pain, Gym memberships.

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 membership.

Decision rationale: The patient presents with pain and weakness in her neck, lower back and upper/lower extremities. The patient is s/p multiple surgeries including spinal fusion L4-5 in 2002 and hardware removal lumbar spine in 2007. The request is for gym membership x 12 months. MRI of the lumbar spine from 01/22/14 reveals 2-4mm posterior disc bulge at L3-4, L5-S1 and loss of nucleus pulposus signal intensity at L5-S1. Per 01/08/15 progress report, the patient has difficulty walking. The motion is restricted. Regarding work status, the patient is permanent and stationary. MTUS and ACOEM guidelines are silent regarding gym membership. ODG guidelines, under Low back Chapter, GYM membership, does not recommend it 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. In this case, the treater requested for "gym membership to help facilitate a regular exercise program for the patient. She would benefit from access to cardiovascular equipment such as treadmill as well as strengthening equipment to maintain and improve her day to day functioning." While the treater explains that the patient needs various equipments for exercise, there is no medical necessity for these equipments. Exercises can be performed at home, equally effective through other means. The request IS NOT medically necessary.