

Case Number:	CM15-0041028		
Date Assigned:	03/11/2015	Date of Injury:	05/17/1994
Decision Date:	04/15/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	03/04/2015

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 60 year old female, who sustained an industrial injury on 5/17/1994. She reported a slip and fall with a low back injury. The injured worker was diagnosed as having lumbar spondylosis, chronic lumbar sprain/strain and status post lumbar laminotomy (9/13/2014). Treatment to date has included acupuncture, epidural steroid injection, physical therapy, surgery and medication management. Currently, a progress note from the treating provider dated 1/26/2015 indicates the injured worker reported left lower extremity burning, right buttock pain and less frequent left lower back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Month Gym Membership: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: Pursuant to the Official Disability Guidelines, 12 months participation in a gym membership is not medically necessary. Gym memberships are not recommended as a medical prescription unless a documented home exercise program 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 workers working diagnoses are lumbar spondylolisthesis, disc bulges and stenosis with bilateral lower extremity radicular pain postoperative on September 13, 2014; and chronic lumbar sprain/strain. The injured worker's year of injury is 1994. According to a January 26, 2015 progress note, the injured worker has completed postoperative physical therapy. The injured worker is engaged in a home exercise program. 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 gym membership is unsupervised (based on the documentation) and does not appear to be administered by medical professionals in a supervised program. Consequently, absent clinical documentation pursuant to the recommended guidelines whereby gym memberships are not considered medical treatment and are not covered.