

Case Number:	CM15-0041357		
Date Assigned:	03/11/2015	Date of Injury:	12/20/2013
Decision Date:	04/21/2015	UR Denial Date:	02/25/2015
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, 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 41-year-old male who sustained an industrial injury on 12/20/2013. Current diagnoses include myalgia and myositis unspecified. Previous treatments included medication management and surgery. Report dated 02/17/2015 noted that the injured worker presented with complaints that included being out of work for 1 year, and continued pain and spasms in the abdomen. Pain level was rated as 8 out of 10 on the visual analog scale (VAS). Physical examination was positive for abnormal findings. The physician noted that he would like the injured worker to work with a trainer on intense strength and conditioning. Noting that he has proven motivation and willingness to exercise, he is using a guest pass with his wife. The treatment plan included a request for 3-month gym membership and 12 visits with trainer to aggressively work on strengthening so he can return to work.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 month gym membership exercise session(s) for core exercise and strength training:

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) Low Back Chapter.

MAXIMUS guideline: Decision based on Non-MTUS Citation ODG, Gym Memberships.

Decision rationale: The 2/7/15 attending physician report indicates the patient has persistent abdominal pain following umbilical hernia surgery. The current request is for a 3-month gym membership exercise sessions for core exercise and strength training. The ODG had this to say about gym memberships, "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. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment, and therefore not covered under these guidelines." In this case, it is unclear why the patient is not able to participate in an evidence based rehabilitation program with a licensed physical therapist or chiropractor specializing in rehabilitation, or simply become involved in a home exercise program. A physical therapist or chiropractor should be able to provide a home based exercise program for core strengthening in less than 30 minutes that the patient could perform at home without the need for a single piece of exercise equipment using simply body weight and functional movements. There is nothing in the records to establish medical support for this request. As such, recommendation is for denial. The request is not medically necessary.