

Case Number:	CM15-0044576		
Date Assigned:	03/17/2015	Date of Injury:	05/19/2001
Decision Date:	04/22/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/10/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 male who sustained an industrial injury on 05/19/2001. Current diagnoses include chronic right and left knee pain, chronic pain syndrome, degenerative joint disease of the right and left knees, axial low back pain, myofascial pain syndrome, and lumbar facet pain, right L5 radiculopathy acute vs. chronic and lumbar spondylosis without myelopathy. Previous treatments included medication management, functional restoration program, right knee surgery, and physical therapy. Report dated 02/11/2015 noted that the injured worker presented with complaints that included ongoing low back pain and right knee pain with numbness and tingling in the first digit of his right foot. Physical examination was positive for abnormal findings. The treatment plan included request for six-month gym membership. The physician noted that the injured worker is trying to improve his knee range of motion and his lumbar range of motion. The physician noted that he does not have a safe place to do exercises in his house, and a gym membership would help decrease his reliance on opioid medications. The physician also noted that the injured worker continues to have difficulty during physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership for 6 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), Low Back Chapter, Gym memberships.

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

Decision rationale: The MTUS guidelines are silent as to gym memberships so the Official Disability Guidelines were consulted. ODG states, "gym memberships are 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." The official disability guidelines go on to state "Furthermore, treatment needs to be monitored and administered by medical professionals". The treating physician does not detail the need for this equipment. Besides the recumbent bicycle, there is no detail of the actual equipment being requested. Additionally, treatment notes do not detail what revisions to the physical therapy home plan has been attempted and/or failed that would necessitate the use of gym membership. As such, the request for GYM Membership x Gym membership for 6 months 3 is not medically necessary.