

Case Number:	CM15-0049255		
Date Assigned:	03/23/2015	Date of Injury:	11/07/2012
Decision Date:	05/06/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/16/2015

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 43-year-old male who sustained a work related injury November 7, 2012. Past history included chronic coccygeal pain s/p blunt trauma May, 2013. According to a primary treating physician's report, dated February 23, 2015, the injured worker presented with complaints of surgical pain, coccyx; s/p coccygectomy, January 2015. The pain is an improvement from the pre-operative pain. There is difficulty sitting and the sacrum is tender. Diagnoses are right plantar fasciitis; rule out right tarsal tunnel syndrome; lumbar sprain/strain; sacrococcygeal strain; mild annular bilge L5-S1; and mild central canal stenosis L4-5 associated with mild foraminal stenosis. Treatment plan included follow-up with physician for post-operative care, walk for exercise as tolerated, and 6 month gym membership for performing home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) month gym membership: 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 (ODG) Low Back Lumbar & Thoracic Chapter, Gym membership topic & Health Clubs Chapter.

Decision rationale: The patient presents with post-surgical lumbar pain. The current request is for a Six (6) month gym membership. The treating physician states, "6 month gym membership for performing home exercise program. Could be begin once cleared by [REDACTED]." (19) The patient had lumbar surgery in January 2015. The ODG guidelines state, "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." In this case, the treating physician has not documented a plan for monitoring this treatment or that if this treatment would be monitored by a medical professional. The current request is not medically necessary and the recommendation is for denial.