

Case Number:	CM15-0052147		
Date Assigned:	03/25/2015	Date of Injury:	03/20/2010
Decision Date:	05/05/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/19/2015

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, Pain Management

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 female, who sustained an industrial injury on March 20, 2010. She reported injury of the lumbar spine. The injured worker was diagnosed as having lumbar spinal stenosis. Treatment to date has included medications, functional restoration program, nerve ablation, physical therapy, and injections. On December 19, 2014, she is reported to have finished a functional restoration program, in which her participation and attendance were termed excellent. The treatment plan included the request of gym membership, as she is unable to attend the free 3-month aftercare program at the functional restoration program facility. The request is for a 6-month gym membership.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym Membership for 6 month Lifestyle Rx: 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), 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), Low Back Chapter, Gym Memberships.

Decision rationale: Regarding request for gym membership, Chronic Pain Medical Treatment Guidelines state that exercise is recommended, but do not have provisions for or against a gym membership. However, the CPMTG does state that there is no evidence to recommend any specific exercise program over any other. The ODG state the 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. Plus, treatment needs to be monitored and administered by medical professionals. 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 a risk of further injury to the patient. Therefore, the currently requested gym membership is not medically necessary.