

Case Number:	CM15-0053165		
Date Assigned:	03/26/2015	Date of Injury:	09/08/2013
Decision Date:	05/01/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/20/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 54-year-old female who sustained an industrial injury on 9/8/2013. Her diagnosis included lumbar regional sprain; diffuse lumbar sprain; and lumbar scoliosis with disc degeneration; status-post transient ischemia attack; hypertension; and pituitary adenoma. Current magnetic resonance imaging studies are not noted, however, lumbar spine x-rays are noted on 2/18/2014. Her treatments have included physical therapy and additional physical therapy; abdominal bracing; and medication management. The physician's progress notes of 12/23/2014 reported complaints of mild-to-moderate mid-back pain, and the physician's requests for treatment included a gym membership.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 114, Chronic Pain Treatment Guidelines Gym Membership. Decision based on Non-MTUS Citation Official Disability Guidelines, Gym Membership.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) Gym memberships.

Decision rationale: The injured worker sustained a work related injury on 9/8/2013. The medical records provided indicate the diagnosis of lumbar regional sprain; diffuse lumbar sprain; and lumbar scoliosis with disc degeneration; status-post transient ischemia attack; hypertension; and pituitary adenoma. Treatments have included physical therapy and additional physical therapy; abdominal bracing; and medication management. The medical records provided for review do not indicate a medical necessity for Gym membership QTY: 1.00. The MTUS is silent on this topic, but recommends a fading of treatment frequency from up to 3 visits per week to 1 or less, for about 10 visits, plus active self-directed home Physical Medicine. The Official Disability Guidelines does not recommend Gym membership as a medical prescription. This guidelines states that, "Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment", and therefore are not medically necessary.