

Case Number:	CM15-0057002		
Date Assigned:	04/01/2015	Date of Injury:	04/27/1992
Decision Date:	05/01/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/25/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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:

This 58 year old male sustained an industrial injury to the back on 4/27/92. The injured worker underwent posterolateral lumbar fusion on 12/2/14. In an office visit dated 2/25/15, the injured worker reported that his pain was well controlled and that his left leg pain and foot tingling had improved since his last office visit. The physician noted that the injured worker's musculoskeletal exam was neurologically stable. Current diagnoses included lumbar spondylolisthesis, lumbar spinal stenosis, herniated nucleus pulposus lumbar spine, low back pain, resolving lumbar spine radiculopathy and lumbar spine degenerative disc disease. The treatment plan included returning to work on March 2nd without restrictions and a follow-up appointment in 4 months. On 2/28/15, a request for authorization was submitted for a one year [REDACTED] membership.

IMR ISSUES, DECISIONS AND RATIONALES

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

One year [REDACTED] membership: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 299, 301.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain section, Gym membership.

Decision rationale: Pursuant to the Official Disability Guidelines, one-year [REDACTED] membership is not medically necessary. Gym memberships are not recommended as a medical prescription unless a documented home exercise program 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 area 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 risk of further injury to the patient. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment and are therefore not covered under these guidelines. In this case, the injured worker's working diagnoses are lumbar spondylolisthesis; lumbar spinal stenosis L5 -S1; herniated nucleus pulposus lumbar spine L5-S1 on the left; low back pain; resolving lumbar radiculopathy left; and degenerative disc disease lumbar. A progress note dated January 14, 2015 indicates the injured worker is doing well, neurologically stable and is engaged in an exercise routine. In a progress note needed February 26, 2015, the injured worker is 85 days postoperative and is ready to return to work without restrictions on March 2, 2015. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment and are therefore not covered under these guidelines. Consequently, absent guideline recommendations to support a gym membership, one-year [REDACTED] membership is not medically necessary.