

Case Number:	CM15-0081745		
Date Assigned:	05/04/2015	Date of Injury:	03/29/2013
Decision Date:	06/02/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	04/28/2015

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 46 year old male sustained an industrial injury to the back, bilateral knees, left shoulder and left wrist on 3/29/13. Previous treatment included magnetic resonance imaging, physical therapy, home exercise, transcutaneous electrical nerve stimulator unit and medications. In a PR-2 dated 4/2/15, the injured worker complained of ongoing low back and right knee pain. The injured worker reported that medications helped to control his pain about 30-40%, allowing him to maintain his functionality. The injured worker had been doing physical therapy with improved range of motion and ability to perform activities of daily living. The injured worker wanted to continue to exercise at a gym to improve his function. Current diagnoses included knee pain, low back pain and lumbar spine degenerative disc disease. The treatment plan included continuing physical therapy, home exercise and transcutaneous electrical nerve stimulator unit, a refill of Lidopro ointment, discontinuing Lunesta and a request for 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 (quantity unspecified) qty: 1: 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), 18th edition, 2013.

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

Decision rationale: Pursuant to the Official Disability Guidelines, gym membership (quantity unspecified) #1 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 need paying; low back pain; and lumbar degenerative disc disease. Subjectively created worker has continued pain in the low back and right knee. The knee continues to lock occasionally and feels stiff in the morning. Objectively range of motion is reduced in the knees bilaterally, tenderness palpation over the medial aspect of the right knee and tenderness to palpation at the lumbar spine. The documentation states the injured worker would "like to continue to do exercise at the gym to improve his function." 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 for a gym membership, gym membership (quantity unspecified) #1 is not medically necessary.