

Case Number:	CM15-0083230		
Date Assigned:	05/05/2015	Date of Injury:	04/16/2007
Decision Date:	06/09/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/30/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 66 year old female, who sustained an industrial injury on 4/16/07. The injured worker was diagnosed as having residual lumbar pain on left with resolved radiculopathy, internal derangement of left knee and lumbar spine hypertrophic facet disease. Treatment to date has included epidural injections and pain management. (MRI) magnetic resonance imaging revealed hypertrophic facet disease at bilateral L5-S1. Currently, the injured worker complains of ongoing stiffness to lumbar spine and persistent pain of left knee. The injured worker noted improvement in pain following epidural injection. Physical exam noted tenderness and spasm over the lumbar paravertebral muscles on left, which is exacerbated with range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership for one (1) year: 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), Knee and Leg Chapter.

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

Decision rationale: The MTUS guidelines are silent as to gym memberships so the Official Disability Guidelines were consulted. ODG states: 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. The official disability guidelines go on to state. Furthermore, treatment needs to be monitored and administered by medical professionals. The treating physician does not detail what equipment is needed. Additionally, treatment notes do not detail what revisions to the physical therapy home plan has been attempted and/or failed that would necessitate the use of gym membership. As such, the request for Gym membership for one (1) year is not medically necessary.