

Case Number:	CM14-0119096		
Date Assigned:	08/06/2014	Date of Injury:	05/05/2011
Decision Date:	10/20/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	07/29/2014

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 47 year old female who sustained an injury to her low back on 05/05/11 when she fell to the ground while stepping onto the sidewalk, she fell forward and landed onto her bilateral hands/knees. An agreed medical examination dated 02/26/14 reported that the injured worker had not yet reached maximum medical improvement. It was concluded that it is doubtful that more skilled physical therapy or pain management counseling is going to do anything for the injured worker and she has reached her "legislative cap" on physical therapy. She was recommended to be led away from the biomedical model of care and towards a biopsychosocial (rehabilitative) model that focuses on education, self-management emphasis on function, not pain relief. The progress report dated 07/15/14 reported that the injured worker continued to complain of localized low back pain as well as left worse than right bilateral knee pain at 4/10 VAS. The injured worker stated that she continues to use medications very sparingly and does not take them while working. Medications allow her to manage her pain, yet she has continued difficulty sleeping. Physical examination noted an antalgic gait favoring the right; ambulation with the use of a cane; forward flexed body posture; abnormal reversal of the lumbar lordosis; tenderness noted over the paraspinal musculature overlying the facet joints bilaterally; range of motion within normal limits, except extension limited to 5 degrees with pain; slump test negative bilaterally. The injured worker was diagnosed with degenerative lumbar intervertebral disc without myelopathy. The injured worker was recommended a home exercise program, 3 months gym membership for access to equipment that provides low impact cardiovascular activities and pool therapy. The injured worker stated that she is working so she is unable to participate in a functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Three month gym membership: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98.

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: The primary treating physician had not documented a plan as to who will monitor the injured worker's attendance, progress and functional change. While an individual exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for injured workers who need more supervision. 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 risks of further injury to the injured worker. Given this, the request for a 3 month gym membership is not medically necessary.