

Case Number:	CM14-0125600		
Date Assigned:	08/13/2014	Date of Injury:	03/21/2012
Decision Date:	10/17/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/07/2014

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 Occupational 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:

This is a 34-year-old female with a 3/21/12 date of injury. The patient sustained an injury to the back when she fell onto her back. According to a progress report dated 4/25/14, the patient complained of continued ongoing moderate lower back pain with radiation of the pain from her lower back to her right buttock. She stated that she has been doing more stretching and walking and attributed this to decreasing the numbness and tingling in her right leg. Objective findings: restricted range of motion of lumbar spine, moderate tenderness over spinous processes mainly at the lumbosacral junction, mild to moderate tenderness in the bilateral paraspinal muscles and sacroiliac joints, motor strength testing in lower extremities demonstrates grade 5 strength bilaterally without any neurologic deficits. Diagnostic impression: facet spondylosis of lumbar spine at L4-5 and L5-S1 associated with right lower extremity radiculitis, moderate to severe exogenous obesity associated with asthma, lumbosacral spondylosis, thoracic/lumbar neuritis/radiculopathy. Treatment to date: medication management, activity modification, medial branch block, TENS unit. A UR decision dated 7/30/14 denied the request for 1 year gym membership. The patient is able to do a home exercise walking/stretching program and is doing so. While the qualified medical examination suggested a gym membership for strengthening purposes, this can also be done at home.

IMR ISSUES, DECISIONS AND RATIONALES

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

special service/proc/report 1 year Gym membership: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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 Membership

Decision rationale: CA MTUS does not address this issue. ODG does not recommend gym memberships unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. In addition, treatment needs to be monitored and administered by medical professionals. However, there is no evidence that attempts at home exercise were ineffective. There is no evidence that the patient would require specialized equipment. There is also no indication that treatment will be administered and monitored by medical professionals. In addition, gym memberships, health clubs, swimming pools, athletic clubs, etc., are not generally considered medical treatment. Therefore, the request for special service/proc/report 1 year Gym membership was not medically necessary.