

Case Number:	CM14-0127072		
Date Assigned:	09/23/2014	Date of Injury:	05/27/2009
Decision Date:	10/22/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	08/11/2014

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, has a subspecialty in Nephrology 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 61-year-old male who has submitted a claim for lumbago and thoracic and lumbosacral neuritis associated with an industrial injury date of 05/27/2009. Medical records from 2013 to 2014 were reviewed and showed back pain, 10/10 without medications and 6/10 with medications. Injured worker reported that he cannot walk longer than 10 minutes and use of medications allow him up to 30 minutes of walking. Injured worker likewise reported that he is unable to prepare meals or do housework without medications and able to do each of these activities for 25-30 minutes with medications. Physical examination from latest progress notes dated 07/10/2014 showed tenderness to palpation of C4-C6, T9-T11, and L1-S2 and tenderness to palpation along bilateral trapezius and bilateral paraspinal muscle spasms. Treatment to date has included medications: Lidoderm 5% topical film, Tylenol with codeine, and Dexilan. Injured worker also has undergone physical therapy since at least May 2014 although it is not clear how many sessions he has already finished however latest progress notes dated 07/10/2014 cited that injured worker is to continue his physical therapy. Utilization review dated 07/11/2014 denied the request for gym membership because of no mention of failure of a first line program of home exercises.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Month Gym Membership: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The State of Colorado Department of Labor & Employment Section B.b.1.c.

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

Decision rationale: CA MTUS does not specifically address gym memberships. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Official Disability Guidelines (ODG) was used instead. ODG states that 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. With unsupervised programs, there may be risk of further injury to the patient. In this case, the injured worker complained of chronic back pain. Injured worker is currently undergoing physical therapy although the number of sessions he has already completed was not specified in the medical records provided. Injured worker likewise reported that he is unable to prepare meals or do housework without medications. Moreover, there was no documentation of participation in HEP with periodic assessment and revision to provide evidence of ineffectiveness of HEP. There was no discussion of a need for special equipment as well. There is no clear indication for gym membership at this time. Therefore, the request for 6 month gym membership is not medically necessary.