

Case Number:	CM14-0133147		
Date Assigned:	08/22/2014	Date of Injury:	12/15/1998
Decision Date:	09/29/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/20/2014

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 Physical Medicine & Rehabilitation 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 patient is a 61-year-old male who has submitted a claim for spinal cord stimulator dysfunction and general deconditioning associated with an industrial injury date of December 15, 1998. Medical records from 2014 were reviewed, which showed that the patient complained of low back pain. Physical examination revealed spasm on the patient's mid and lower back as well as tenderness of the lumbosacral spine and sacroiliac joint. Treatment to date has included medications and home exercise. Utilization review from July 28, 2014 denied the request for Gym Membership (months) QTY: 6.00 because there was no documentation that a home exercise program with periodic assessment and revision had not been effective and that there was a need for specialized equipment found only in a gym environment. There was also no provision for medical supervision in the documentation provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym Membership (months) QTY: 6.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG online; Gym memberships.

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: The CA MTUS does not address the topic of gym membership specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Low Back Chapter, Gym Membership was used instead. It states that gym memberships are not recommended as a medical prescription unless the documented home exercise program has been ineffective and there is a need for specialized equipment; treatment needs to be monitored and administered by medical professionals. In this case, the patient had been prescribed gym membership for 6 months to improve function. However, there was no evidence that the patient failed a home exercise program. There was no evidence that a home exercise program would be ineffective. Furthermore, there was no discussion regarding the need for certain gym equipment and whether treatment will be monitored or administered by a health professional. The medical necessity for a gym membership has not been established. Therefore, the request for one gym membership is not medically necessary.