

Case Number:	CM14-0146852		
Date Assigned:	09/12/2014	Date of Injury:	12/14/2007
Decision Date:	10/15/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/09/2014

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 and Rehabilitation, has a subspecialty in Pain 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 57-year-old male with an original industrial injury on December 14, 2007. The mechanism of injury was a slip and the injured worker almost fell. The assented body regions include the lumbar spine, right lower extremity, and mental health issues. The patient has a history of lumbar microdiscectomy, but has persistent symptomatology affecting the right lower extremity, and foot drop is documented. The request for gym membership was associated with a progress note on date of service August 14, 2014. The patient is noted to have persistent low back pain with a history of herniated disk. The disputed issue is a request for gym membership with pool access. A utilization review determination had noncertified this request citing that guidelines do not recommend gym memberships because of a lack of professional supervision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym Membership, quantity 12 months: 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) 7th Edition

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: With regard to the request for gym memberships, both the California Medical Treatment and Utilization Schedule and ACOEM do not have specific criteria for gym memberships. Instead, the Official Disability Guidelines are utilized which describe gym memberships (in both the Knee and Low Back Chapter) with the following recommendation: "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. Plus, treatment needs to be monitored and administered by medical professionals. 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 patients 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 risk of further injury to the patient. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment, and are therefore not covered under these guidelines. For more information on recommended treatments, see Physical therapy (PT) & Exercise." Given this recommendation by the Official Disability Guidelines, the request for a gym membership is not medically necessary. In general, gym memberships do not have an appropriate level of professional supervision. There was no indication in the submitted documentation that the injured worker is undergoing a temporary transitional exercise program, and this appears to not be the case since the request is for several months of gym membership. Therefore, the request is not medically necessary.