

Case Number:	CM14-0149103		
Date Assigned:	09/22/2014	Date of Injury:	07/12/1996
Decision Date:	11/03/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/15/2014

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 Family 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 72-year-old male with a 7/12/96 date of injury; when he sustained cumulative trauma to the right elbow, bilateral wrists/hands and lower back. The injured worker underwent L4-L5 fusion in 2009 and L3-L4, L4-L5, L5-S1 fusion in 2010. The injured worker was seen on 8/19/14 with complaints of low back pain radiating to the left more than right lower extremity. Exam findings revealed that the injured worker was alert and oriented x3. The range of motion of the lumbosacral spine was not tested due to sagittal imbalance issues and the potential for falling. Per discussion with a prescribing provider on 9/2/14 it was agreed that the injured worker would not qualify for a gym membership with water therapy due to significant comorbidities and lack of medical clearance. The diagnosis is status post lumbar fusion, bilateral carpal tunnel syndrome, status post right elbow release, bilateral wrist/hand osteoarthritis, lumbago and implanted infusion pump. Treatment to date: psychotherapy, medications, work-restrictions, infusion pump. An adverse determination was received on 9/2/14 for lack of medical clearance; comorbidities (COPD, diabetes, chest pain); previous failure of conservative treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym Membership 1 Month with Water Aerobics, up to 3x a Week for 1 Month: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 299, 301.
Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back, 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 Memberships

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 injured worker 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. Per discussion with a prescribing provider on 9/2/14 it was agreed that the injured worker would not qualify for a gym membership with water therapy due to significant comorbidities and lack of medical clearance. There was a lack of documentation with medical clearance available for the review. Therefore, the request for Gym Membership 1 Month with Water Aerobics, up to 3x a week for 1 Month was not medically necessary.