

Case Number:	CM14-0151021		
Date Assigned:	09/19/2014	Date of Injury:	12/01/2007
Decision Date:	10/24/2014	UR Denial Date:	08/27/2014
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 Physical Medicine and 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 injured worker is a 33-year-old female with a reported injury on 12/01/2007. The mechanism of injury was that her thumb was bent back while she was restraining a combative person. The injured worker's diagnoses included lumbar spine discopathy and carpal tunnel syndrome. The injured worker's past medical treatments included splint, ice, medications, physical therapy and an ergonomic chair. The injured worker's diagnostic testing included x-rays which were negative for fracture in 2007. No pertinent surgical history was provided. The injured worker was evaluated on 03/27/2014 for severe low back pain with radiation to the left greater than right lower extremities. She complained of constant numbness and tingling. The clinician observed that the patient was in tears during the exam. The clinician's objective findings were that the lumbar spine was tender to palpation with spasm and tenderness, there was pain with range of motion, and antalgic gait was noted. There was left sciatic tenderness. The clinician's treatment plan was to request 8 visits of water therapy. The request was for pool and gym membership for 1 year, determination date 08/27/2014. The request was for treatment of lumbar spine discopathy and carpal tunnel syndrome symptoms. The Request For Authorization form was submitted on 06/05/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pool and gym membership for one (1) year determination date 08/27/2014: 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)

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

Decision rationale: The request for pool and gym membership for one (1) year determination date 08/27/2014 is not medically necessary. The injured worker continued to complain of low back pain with radiation to the left greater than right lower extremity. The Official Disability Guidelines do not recommend gym memberships 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. The treatment needs to be monitored and administered by medical professionals. Gym memberships, health clubs, swimming pools, athletic clubs etc. would not generally be considered medical treatment and are therefore not covered under these guidelines. There was no mention of a home exercise program. The clinician's treatment plan was to request water therapy which is different than a pool and gym membership. Therefore, the request for pool and gym membership for one (1) year determination date 08/27/2014 is not medically necessary.