

Case Number:	CM14-0160885		
Date Assigned:	11/12/2014	Date of Injury:	04/23/2010
Decision Date:	12/15/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/30/2014

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:

This patient is a 34-year-old gentleman with a date of injury of 4/23/10. The mechanism of injury was a fall from scaffolding 36 feet, landing on his buttocks with pieces of broken scaffolding and ceiling tile falling on top of him. An AME report states that this was 18 feet. AME diagnoses from a 6/23/11 evaluation include myofascial sprain of the cervical, dorsal and lumbar spine, bilateral CTS, dorsal spine contusion and head contusion. He was determined to be at maximal medical improvement by the AME on 7/15/11. Future medical recommendations include medications, injections, short courses of PT and TENS. Surgery was not anticipated. That said, the patient eventually later did go on to have an anterior cervical discectomy/fusion on 9/19/12. AME follow-up on 2/07/14 notes the cervical fusion and subsequent pseudoarthrosis at the cervical spine. Due to this issue, the patient was not yet P & S, and further care was recommended. 4/29/14 AME follow-up notes that follow-up CT shows solid fusion, and the patient was to be regarded as P & S once again. Future medical recommendations include orthopedic re-evaluation, diagnostic testing, medications, injections and possible surgical intervention. PT and acupuncture are also recommended. 8/19/14 follow-up with the PTP notes that the patient would benefit from further upper body strengthening, and a gym membership was requested. This was submitted to Utilization Review on 9/08/14. The gym membership was not recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership for 6 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), Low Back

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, Gym memberships

Decision rationale: The ACOEM and the CA MTUS is silent on gym memberships, therefore, consider ODG recommendations. While exercise is strongly recommended in all guidelines, gym memberships are not medical treatment or standard of care, and unsupervised exercise in patients with medical issues and no direct feedback to the healthcare provider can result in worsening the condition. Gym memberships are not recommended by guidelines and are not required for an effective home exercise program. A gym membership for 6 months is not medically necessary.