

Case Number:	CM14-0161811		
Date Assigned:	10/07/2014	Date of Injury:	06/11/2006
Decision Date:	11/07/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	10/02/2014

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 injured worker is a 43-year-old male who reported an injury on 06/11/2006 after lifting a heavy object. The injured worker reportedly sustained an injury to his low back. The injured worker ultimately underwent lumbar fusion surgery. Postoperative care included physical therapy and epidural steroid injections. The injured worker was evaluated on 08/06/2014. It was documented that the injured worker was attempting the lose weight and had succeeded in losing 29 pounds in the last year. Physical findings included limited lumbar range of motion secondary to pain with a positive straight leg raise test eliciting pain in the L5-S1 dermatomal distribution. The injured worker's diagnoses included status post instrumented fusion 360 degrees in the lumbar spine with residual pain and progression of back and leg pain, gastrointestinal gastritis, exogenous obesity, and symptom of anxiety and depression. A request was made for a gym membership with aquatic and physical therapy to assist the injured worker with weight loss. The injured worker was again evaluated on 09/03/2014. No new physical examination findings were provided. A gym membership was again requested. No Request for Authorization was submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership for aquatic and physical therapy and to work on weight loss: 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 Chapter (updated 08/22/14)

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: The requested gym membership for aquatic and physical therapy and to work on weight loss is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not address this request. The Official Disability Guidelines do not recommend gym memberships as a medical prescription unless there is documentation that the injured worker requires additional equipment to assist with a home exercise program beyond what can be provided within a home. The clinical documentation submitted for review does not provide any evidence that the injured worker is not successfully participating in a home exercise program. It is noted that the injured worker has lost over 20 pounds in the last year. There is no justification for altering the injured worker's treatment plan to accommodate a gym membership. As such, the requested gym membership for aquatic and physical therapy and to work on weight loss is not medically necessary or appropriate.