

Case Number:	CM14-0166265		
Date Assigned:	10/13/2014	Date of Injury:	09/05/2007
Decision Date:	11/14/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/08/2014

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 Alabama, New York and Maryland. 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:

Patient is a 57 year old female with an unknown date and mechanism of injury. She continues to complain of low back pain, aggravated by standing and prolong sitting. She completed a course of physical therapy and find exercise very helpful. She has lost about 20 lbs. with current weight of 344 lbs. she had improved range of motion of the lumbar spine at her previous doctor visit. Seated slump test was negative but she still had moderate tenderness at the lumbar paraspinals. The provider requested a one year gym membership for her as part of his/her plan of care.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 month gym membership: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Lumbar

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 membership management

Decision rationale: Based on the CA MTUS and ODG guidelines, the use of a gym membership is only supported if there is documentation that there are special equipment needs there should

also be significant functional deficits that cannot be addressed with home exercise program. The most recent physical examination findings did not document any significant functional deficits that cannot be addressed with a home exercise program, which includes stretching and strengthening exercises. Therefore based on the guidelines and the available medical records, the request for a 12 month gym membership is not medically necessary.