

Case Number:	CM14-0086571		
Date Assigned:	07/23/2014	Date of Injury:	06/19/2001
Decision Date:	09/22/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	06/10/2014

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 Occupational 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 patient with a date of injury of 6/19/01. The mechanism of injury is not known. On the treating clinician's progress notes on 4/24/14, the patient complained of neck pain radiating from the neck and down both arms, as well as the lower back. He also reported right lower extremity weakness, numbness over the right leg, tightness and knots in the foot. He stated that his pain had increased to 8/10 without any new injury. The patient reported his activity level had increased, and his prescribed medications were working well. He was applying his stretches, but the stationary bike from physical therapy (PT) had been most effective. Objective findings included: range of motion (ROM) is restricted in the cervical spine. Lumbar spine ROM is restricted; flexion to 60 degrees, extension to 15, and lateral rotation both sides to 25. There was tenderness over the posterior iliac spine to right side iliac spine. There was tenderness noted over the olecranon process of the right elbow. The motor testing was limited by pain. Light touch sensation was decreased over the medial foot, posterior thigh bilaterally. Straight leg raising was positive on the right side. Diagnostic impression: Lumbar Radiculopathy, Disc Disorder Lumbar, Chronic Back Pain, Lumbar/lumbosacral Disc Degeneration, Elbow Pain, Shoulder Joint Pain, Post-lumbar Laminectomy Syndrome, and Muscle Spasm. Treatment to date: physical therapy, chiropractic sessions, lumbar support brace, and medication management. A UR decision denied the Gym membership for 3 months for lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym Membership for 3 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-Low Back Chapter, 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: ODG state that gym memberships are "Not recommended 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. Plus, treatment needs to be monitored and administered by medical professionals. With unsupervised programs there is no information flow back to the provider, so he or she can make changes in the prescription, and there may be risk of further injury to the patient. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment, and are therefore not covered under these guidelines". The request for this patient merely states that he benefited from the stationary bicycle used in PT, and that he does not have any gym equipment at home. There is no documentation stated specific to a plan for exercise to complete at the gym, nor any discussion about the mechanism for later feedback with a supervising party at the gym. For these reasons, the gym membership would not be considered medical treatment. Therefore, the request for Gym Membership for 3 months was not medically necessary.