

Case Number:	CM14-0096724		
Date Assigned:	07/25/2014	Date of Injury:	08/06/1998
Decision Date:	10/15/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	06/24/2014

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:

The patient is a 65 year old female who sustained an injury on 08/06/1998. The mechanism of injury is unknown. Prior treatment history has included a TENS unit. Progress report dated 06/02/2014 states the patient presented with complaints of cervical, thoracic, lumbar spine and knee pain. On exam, range of motion of the cervical spine revealed extension to 45 degrees; lateral rotation of 70 degrees; bilateral side bending 35 degrees and forward flexion is 3 fingerbreaths. The right knee revealed mild effusion and tenderness of the patellar joint line and moderate retropatellar crepitus noted on motion with 0-132. The patient was recommended for a gym program for one year. Prior utilization review dated 06/17/2014 states the request for One year gym membership for neck, low back and right knee is not certified as it is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

One year gym membership for neck, low back and right knee: Upheld

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

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: CA MTUS is silent regarding the request. According to ODG guidelines, 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." In this case a request is made for a one-year gym membership for a 65-year-old female with chronic pain and multiple musculoskeletal complaints. However, medical records do not establish the need for medical equipment or planned treatment monitored and administered by medical professionals. Medical necessity is not established.