

Case Number:	CM14-0215114		
Date Assigned:	01/02/2015	Date of Injury:	10/31/2007
Decision Date:	02/28/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 63-year-old male with an injury date of 10/31/2007. Based on the 05/27/2014 progress report, the patient complains of back pain and leg pain. In regards to lumbar spine, the patient has a 40-degree flexion and 10-degree extension and pain with motion. The 10/06/2014 report indicates that the patient has an absent ankle reflex and a diminished knee reflex on both the left and right side. The 11/17/2014 report states that the patient has low back pain. No additional positive exam findings are provided. The patient's diagnoses include the following: 1. Shoulder joint pain. 2. Degeneration of lumbar intervertebral disk. 3. Sciatica. The utilization review determination being challenged is dated 11/20/2014. There are 4 treatment reports provided from 04/22/2014-11/17/2014. The patient presents with low back pain and leg pain. The request is for a temporary gym membership.

IMR ISSUES, DECISIONS AND RATIONALES

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

Temporary 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 (ODG), Low Back Chapter, Gym Membership

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee & leg chapter, gym memberships

Decision rationale: The patient presents with low back pain. The request is for a Temporary Gym Membership. MTUS Guidelines do not address gym memberships. ODG, knee and leg chapter, gym membership states, "not recommended as a medical prescription unless a home exercise program has not been effective and there is a need for equipment." Plus, treatment needs to be monitored and administered by medical professionals. There is no discussion provided regarding why a gym membership is needed and why the patient is not able to do home exercises. Furthermore, ODG Guidelines do not support gym memberships and there is no any discussion regarding the need for special equipment and how the patient is to be medically supervised. In this case, the treater fails to provide necessary documentation as guidelines recommend. The requested temporary gym membership IS NOT medically necessary