

Case Number:	CM14-0216557		
Date Assigned:	01/06/2015	Date of Injury:	04/06/2007
Decision Date:	02/24/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/26/2014

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 was a 43 year old male, who was injured on the job, April 6, 2007 through September 30, 2012. The injured worker was injured when a garage door collapsed on him. The injured worker injured his head and neck. On April 18, 2007, the injured worker was in a motor vehicle accident injuring his neck, back, left knee and left little finger. The injured worker was medically retired. The MRI of April 2008 showed partial lateral meniscectomy and chondroplasty of the patella. The MRI of the cervical neck showed slight reversal of the normal cervical curvature with multiple level degenerative disc disease and disc bulging at C6-C7. A MRI of July 13/2012 showed severe concentric canal stenosis at -L5 due to superimposed disc protrusion on an annular bulge and facet hypertrophy with congenital spinal stenosis and some right sided foraminal encroachment at L4-L5 secondary to spondyloarthropathy. A repeat MRI July 16, 2012, of the cervical spine showed mild disc degeneration at multiple levels without disc herniation or significant stenosis, nerve or cord compression. According to the progress note of February 20, 2014, the injured worker estimated pain level was 60% in the lumbar spine, 30% in the cervical spine and 10% in the left knee. The pain was in the lower back with burning in the posterior legs and feet. The injured workers pain interferes with the ability to travel engage in social activities and recreational activities. The documentation submitted for review failed to support the injured worker was participating in a home exercise program or using exercise equipment at home. On December 12, 2014, the UR denied a Gym Membership for three months. MTUS and OGD guidelines recommend as part of a dynamic rehabilitation program, but note that a gym membership was not recommended as a medical prescription unless a home

exercise program has not been effective and there is need for equipment. Treatment needs to be monitored and administered by medical professionals. There was no documentation of failed home exercise or specific equipment needs that support the medical necessity for a gym membership, based on the currently available information.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership (months) qty: 3: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 114.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: This 43 year old male has complained of left knee pain, neck pain and low back pain since date of injury. He has been treated with physical therapy and medications. The current request is for a gym membership for 3 months. The available provider notes do not contain documentation supporting why the patient cannot continue back and neck rehabilitation on a home exercise program, which, per the MTUS guidelines cited above, is recommended for chronic pain and dysfunction. There is also little reported benefit to date in the available provider notes of prior improvement in function and pain with physical therapy. On the basis of the MTUS guidelines and the patient's previous treatments, the request for a gym membership for 3 months is not indicated as medically necessary.