

Case Number:	CM14-0216968		
Date Assigned:	01/06/2015	Date of Injury:	06/20/1989
Decision Date:	03/13/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/29/2014

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: Pennsylvania, Ohio, 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:

This 68 year old male was injured on 06/20/1989 while being employed. On provider visit dated 11/10/2014 he continues to complain of chronic low back pain and right leg pain. It was noted that he was unable to do previously authorized aquatic therapy due to transportation issues. On examination of the lumbar spine there was diffuse tenderness with mild spasm. The right sciatica notch was slightly tender and the left sciatic notch was non-tender. Lumbar range of motion was decreased. Diagnoses were noted as lumbago and right-left sciatica. Treatment plan included 6 month gym membership at the [REDACTED] and a prescription for Flector patches. Work status was noted as permanent work restrictions. The Utilization Review dated 11/26/2014 non-certified the request for 6 months of gym membership at [REDACTED] as not medically necessary. The reviewing physician referred to ODG Guidelines for recommendations as CA MTUS Guidelines are silent in regarding gym memberships.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 month gym membership at [REDACTED]: 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 & Thoracic (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46.

Decision rationale: MTUS recommends independent active home exercise programs. However MTUS states that there is no sufficient evidence to support a recommendation for any particular exercise regimen over any other regimen. While independent home exercise is recommended in this case, the records do not provide a rationale as to why the patient would require a gym membership or equipment requiring a gym membership. This request is not supported by the treatment guidelines. Therefore this request is not medically necessary.