

Case Number:	CM14-0217001		
Date Assigned:	01/06/2015	Date of Injury:	06/09/2004
Decision Date:	03/03/2015	UR Denial Date:	12/15/2014
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: California
 Certification(s)/Specialty: Emergency Medicine

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 59-year-old female who had a work related injury dated June 9, 2004. The physician's visit dated November 24, 2014 reflected that the worker was complaining of low back pain and spasms, which had gotten progressively worse as the weather got colder. Pain also was reported to radiate down her right leg to the level of her foot and down her left leg to the level of her ankle. Other symptoms included numbness and tingling down the right leg and back stiffness with limited range of motion. Resting and Motrin had helped with slight temporary relief. The worker had been using a Cybertech brace. There was also documentation of bilateral wrist/hand pain, weakness, numbness and tingling and was having difficulty gripping and squeezing with the right hand. The documentation reflected that the worker had previously been approved but the claims adjuster had not set it up. Physical examination was remarkable for low back pain with palpation and limited range of motion. The treatment plan included a request for a gym membership to be able to follow a home exercise program for core strengthening and stabilization for the worker to be able to maintain her functionality level. In the interim, she was instructed on some exercise to do at home and she was given a lumbar support. The utilization review decision dated December 15, 2014 non-certified the request for a gym membership. The rationale for non-coverage was based on the California MTUS Chronic Pain Medical Treatment Guidelines, which state that there is no sufficient evidence to support the recommendation of any particular exercise over any other exercise regime. The ODG also states that gym memberships are not recommended as a medical prescription unless a home exercise program has not been effective and there is a need for equipment. The documentation provided did not provide for a

rationale as to why a gym membership was needed to precede a home exercise program. In addition, the guidelines do not support unsupervised programs, as there is no ability to change the prescription to meet the workers need. The request was therefore non-certified as not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym Membership: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Gym memberships

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

Decision rationale: The MTUS guidelines support the use of a home exercise program as an adjunct to physical therapy, in order to maintain improvement levels. If the injured worker cannot perform exercises independently, there may be an ongoing need for the involvement of a therapist. The MTUS guidelines do not specifically address the need for a gym membership. However, the medical records provided do not clearly document the special need for gym equipment to perform exercises that cannot be accomplished in the home. Therefore, the request for gym membership is not supported by the MTUS guidelines, and is therefore not medically necessary.