

Case Number:	CM14-0219268		
Date Assigned:	01/09/2015	Date of Injury:	08/29/2008
Decision Date:	03/06/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	12/31/2014

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 55 year old male patient, who sustained an industrial injury on August 29, 2008. He sustained the injury due to cumulative trauma. The diagnoses include lumbago, knee pain/joint pain leg, and wrist/forearm pain. Per the doctors note dated 11/24/2014, he had complaints of continuing bilateral knee, bilateral wrist, and lower back pain with radiation to the lower extremities. He is unable to get up from a chair without assistance and is asking for a chair to help boost him up. The physical examination revealed obese, depressed, cervical spine- mildly restricted range of motion, lumbar spine- tenderness in low lumbar area and mildly restricted range of motion. The current medications list includes lyrica, diclofenac, omeprazole, fluoxetine, intermezzo, MS contin 60 mg, MS IR 60 mg, naproxen, ambien, MS IR 15 mg, methadone and testosterone cypionate. He has had diagnostic studies including EMG. He has undergone left total knee replacement, right knee surgery, right hand carpal tunnel release and right wrist surgery. He has had physical therapy visits and cane for this injury. On December 11, 2014 Utilization Review non-certified a prescription for a gym program for 6 months for the lumbar spine, noting there needs to be documentation that a home exercise program with periodic assessment and revision that has not been effective and there is a need for equipment. In addition, medical professional need to monitor and administer the treatment. The Official Disability Guidelines (ODG) for gym memberships was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

A six-month gym program for the lumbar spine: 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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter: Low Back (updated 03/03/15) Gym memberships

Decision rationale: Request: A six-month gym program for the lumbar spine. ACOEM and CA MTUS do not address this request. Per the ODG guidelines gym membership is 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. While an individual exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment, may not be covered. Any contraindication to a simple home exercise program without specialized equipment is not specified in the records provided. The rationale for the need of a gym membership is not specified in the records provided. Response to previous conservative therapy is not specified in the records provided. In addition per the cited guidelines with unsupervised programs there is no information flow back to the provider, so he or she can make changes in the prescription, and there may be risk of further injury to the patient. The medical necessity of a six-month gym program for the lumbar spine is not fully established at this time for this patient.