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| Case Number: | CM15-0002310 | | |
| Date Assigned: | 01/13/2015 | Date of Injury: | 04/05/2011 |
| Decision Date: | 03/12/2015 | UR Denial Date: | 12/10/2014 |
| Priority: | Standard | Application Received: | 01/05/2015 |

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 injured worker is a 50-year-old male who reported an injury on 04/05/2011. The mechanism of injury was the injured worker was walking with a keg of asphalt weighing approximately 100 pounds on his shoulders and the injured worker slipped into a trench and landed on his knees. The medications included docusate sodium, Flector, pantoprazole, gabapentin, Abilify, melatonin, Viagra, Cymbalta, metformin hydrochloride, propranolol, and trazodone. The diagnostic studies included an MRI of the lumbar spine and CT of the left hip which were noncontributory to the request. Prior therapies included a Functional Restoration Program and aquatic therapy. The documentation of 12/02/2014 revealed the denial was received. The documentation indicated the injured worker complained of a flare up of his low back pain and left hip pain. The injured worker reported having pain across the lower abdomen and bladder and into the right groin. The injured worker had pain in the left leg when he lays down and pain radiating up the flanks on either side of his back. The injured worker was noted to have urinary frequency and urgency. The injured worker indicated he would like to join a 24 hour fitness gym and use the pool for water therapy. The injured worker indicated he was able to try this a few times and felt it helped with his pain. He used the water exercises that he learned at aquatic therapy and he used a sauna and Jacuzzi that helped with spasms. The injured worker was utilizing the treadmill for 10 minutes but had to stop due to increased pain. The injured worker was told that he needed to get a clearance from his physician for a membership. The physical examination revealed spasm and guarding in the lumbar spine with left sided paravertebral spasms. Documentation indicated there was a modification for the request of a 24 hour fitness

gym membership to a 13 week health club membership with pool access. The physician documented there was nothing mentioned in the Official Disability Guidelines that health club that treatment needs to be administered or supervised by medical professionals as this was part of the basis for denial previously. Additionally, it was documented that depending upon how the injured worker responded to a health club membership, the request would be for a continuation or transition into a home health club program. The physician indicated that a health club would be recommended with a pool access. This was originally requested on 11/18/2014. The diagnoses included lumbar disc displacement without myelopathy. The surgical history was noncontributory. There was no Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

13 Week Health Club Membership with Pool Access: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22. Decision based on Non-MTUS Citation ODG Low Back (updated 10/28/14) Gym memberships

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Gym Membership

Decision rationale: The Official Disability Guidelines indicate that a gym membership, health club, swimming pool, athletic club, etc. would not be considered medical treatment and, therefore, is not covered under these guidelines. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. The physician documented the patient met the guideline for health clubs. However, as it is not considered medical treatment, it is not a covered treatment. Given the above, the request for a 13 week health club membership with pool access is not medically necessary.