

Case Number:	CM15-0008481		
Date Assigned:	01/26/2015	Date of Injury:	01/10/2010
Decision Date:	03/16/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/14/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The injured worker is a 50 year old female, who sustained an industrial injury on 01/10/2010. She has reported subsequent back and bilateral shoulder pain and was diagnosed with lumbar sprain/strain and myofascial pain syndrome. Treatment to date has included oral and topical pain medication, an exercise program and a lumbar joint support belt. In a progress note dated 12/03/2014. The injured worker reported a flare up of back pain but noted that core strengthening exercises were helping to reduce back pain and increase range of motion. Objective physical examination findings were within normal limits. The physician indicated that the injured worker had been doing Cross fit training which had decreased the injured worker's risk for re-injury and allowed her to remain off pain medications. The physician noted that a request for a trial of a 6 month gym membership was being submitted and that direct instructor supervision and feedback would be provided during the workout. On 12/16/2014, Utilization Review non-certified a request for 6 month trial of a gym membership, noting that there is no evidence that a gym membership would provide any benefit over a home exercise program. MTUS and ODG guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership trial for 6 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Gym membership

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back - Lumbar & Thoracic (Acute & Chronic)

Decision rationale: The injured worker sustained a work related injury on 01/10/2010. The medical records provided indicate the diagnosis of lumbar sprain/strain and myofascial pain syndrome. Treatment to date has included oral and topical pain medication, an exercise program and a lumbar joint support belt. In a progress note dated 12/03/2014. The medical records provided for review do not indicate a medical necessity for Gym membership trial for 6 months . The MTUS is silent on it, but the Official Disability Guidelines does not recommend it. This guideline states, "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 under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision. 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. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment, and are therefore not covered under these guidelines. For more information on recommended treatments.