

Case Number:	CM15-0107752		
Date Assigned:	06/12/2015	Date of Injury:	03/30/2009
Decision Date:	08/21/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	06/04/2015

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: 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 37 year old male, who sustained an industrial injury on 3/30/09. The injured worker has complaints of lower back pain. Lumbar spine reveals healed vertical surgical scar to low back and range of motion is restricted with flexion limited to 40 degrees, extension limited to 5 degrees, limited by pain, right lateral bending limited to 15 degrees, left lateral bending limited to 15 degrees, lateral rotation to the left limited to 35 degrees and lateral rotation to the right limited to 35 degrees. The diagnoses have included lumbar radiculopathy and spinal and lumbar degenerative disc disease. Treatment to date has included Functional Restoration Program; oxycodone; robaxin; oxycontin; valium; amitiza and silenor. The request was for gym membership times 52 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym Membership x 52 Weeks: 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: 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 Section.

Decision rationale: The MTUS Guidelines do not address gym memberships. The ODG does not recommend gym memberships 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. Treatment needs to be monitored and administered by medical professionals. While an individual exercise program is recommended, more elaborate personal care where outcomes are not monitored by a health profession is not recommended, 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 patients. In this case, it is not clear why the injured worker cannot complete a self-directed, home-based exercise program. Furthermore, there is no documentation of why special equipment would be needed in the rehabilitation of this injured worker's injuries. The request for gym membership x 52 weeks is determined to not be medically necessary.