

Case Number:	CM15-0012715		
Date Assigned:	01/30/2015	Date of Injury:	06/21/2013
Decision Date:	03/19/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/21/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 54 year old male, who sustained an industrial injury on June 21, 2013. He has reported low back pain. The diagnoses have included foraminal stenosis and depression. Treatment to date has included laminectomy, physical therapy and oral medication. Currently, the IW complains of continued back pain back pain and headaches with dizziness. Treatment includes X-ray, magnetic resonance imaging (MRI), heat, ice, home exercise program and oral medication. On January 6, 2015 utilization review non-certified a request for 12 months participation in a gym membership. The Medical Treatment Utilization Schedule (MTUS) and American College of Occupational and Environmental Medicine (ACOEM) guidelines were utilized in the determination. Application for independent medical review (IMR) is dated January 14, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 months participation in a gym membership: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back Chapter, Gym Memberships

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low back section, Gym membership

Decision rationale: Pursuant to the Official Disability Guidelines, 12 months participation in a gym membership is not medically necessary. Gym memberships are not recommended as a medical prescription unless he documented home exercise program with periodic assessment and revision has not been effective and with the need for equipment. Plus, treatment needs to be monitored and administered by medical professionals. 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. In this case, the injured worker's working diagnoses are lumbar spine degenerative disc disease post surgery; and lumbar radiculopathy. There is no clinical documentation in the medical record to support a gym membership. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment and are therefore not covered under these guidelines. Consequently, absent clinical documentation guideline support for a gym membership, twelve-month participation in a gym membership is not medically necessary.