

Case Number:	CM15-0014379		
Date Assigned:	02/02/2015	Date of Injury:	10/20/2012
Decision Date:	03/27/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	01/26/2015

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, Arizona
 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 63-year-old male who reported injury on 10/20/2012. The mechanism of injury was not provided. The injured worker was noted to undergo an MRI of the cervical spine. There was a Request for Authorization submitted for review dated 01/09/2015. The documentation of 01/06/2015 revealed the injured worker had persistent neck pain and was utilizing traction every other day for severe bouts of pain. The physical examination revealed the injured worker's neck had mild restricted range of motion and pain in the left side of the cervical paraspinal muscles region radiating down to the upper thoracic spine. The distal motor examination in the upper extremity was intact. The injured worker underwent radiographic studies which revealed a lumbar apex left scoliosis with the apex at L3. There was a right hemipelvis that was elevated compared to the left. There was some disc degeneration in the lumbar spine with no evidence of instability on flexion and extension. The mechanism of injury was noted to be cumulative trauma. The diagnoses included chronic neck pain and low back pain, C5-6 and C6-7 disc bulge, and lumbar scoliosis. The treatment plan included that the injured worker gradually increased strengthening activities and anticipation of returning back to work.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Year Gym Membership: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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 gym memberships would not generally be considered medical treatment and therefore are not covered under the guidelines. The documentation indicated the injured worker should start increasing activity in anticipation of returning to work. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. Given the above, the request for 1 year gym membership is not medically necessary.