

Case Number:	CM15-0016652		
Date Assigned:	02/05/2015	Date of Injury:	05/03/2001
Decision Date:	03/30/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/29/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 34 year old female, who sustained an industrial injury on May 3, 2001. She has reported lower back pain and leg pain. The diagnoses have included lumbago, sciatica, and lumbosacral degenerative disc disease. Treatment to date has included medications, injections, and aqua therapy. A progress note dated December 1, 2014 indicates a chief complaint of continues lower back pain and leg pain. Physical examination showed cervical spine tenderness with decreased range of motion, weakness of the left leg, and lumbar spine tenderness with decreased range of motion. The treating physician is requesting a three month gym membership so that the injured worker may continue pool therapy. On January 9, 2015 Utilization Review denied the request for the gym membership citing the ODG.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 3 month 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)

Decision rationale: Gym membership is recommended as a medical prescription if home exercise program has not been effective and if there is a need for equipment. In such cases, treatment must be monitored and administered by medical professionals. According to available clinical documentation, the patient had lumbar spine pain, but no compelling evidence to warrant a gym membership such as failed home based exercise program or need for specialized equipment. Thus, the request for a 3 month gym membership is not medically necessary and appropriate.