

Case Number:	CM15-0112421		
Date Assigned:	06/18/2015	Date of Injury:	03/30/2006
Decision Date:	07/21/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	06/10/2015

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 57-year-old female, with a reported date of injury of 03/30/2006. The diagnoses include chronic low back pain, lumbar radiculopathy, degenerative disc disease, status post lumbar fusion at L4-S1, and sciatica. Treatments to date have included an MRI of the lumbar spine on 05/31/2013, an MRI of the left shoulder on 05/31/2013, electrodiagnostic studies of the bilateral upper extremities on 07/30/2012, an MRI of the cervical spine on 03/17/2015, x-rays of the lumbar spine, oral medications, and topical pain medication. The progress report dated 04/15/2015 indicates that the injured worker noted ongoing worsening significant back pain with radiating symptoms into her right leg all the way to her foot. She had weakness in her right leg, and it felt like it was giving out on a constant basis. The physical examination showed significant pain and spasm in the lumbosacral spine, limited range of motion due to pain, decreased lumbar range of motion, right-sided L5 radiculopathy, numbness and weakness in the L5 distribution, weakness with extension of the right foot and slightly with plantar flexion, and a mildly positive straight leg raise test. The treatment plan included a 12-month gym membership that included aqua therapy or use of the pool, as an inexpensive way to get treatment that had worked well for the injured worker in the past and should continue to help with decreasing her pain, increasing her functional ability, and improving her ability to perform activities of daily living; as well as to help her depression which she stated she was experiencing. The treating physician requested a gym membership for twelve months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership times 12 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter/Gym Memberships 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. The request for gym membership times 12 months is determined to not be medically necessary.