

Case Number:	CM15-0115385		
Date Assigned:	06/23/2015	Date of Injury:	09/22/2005
Decision Date:	07/22/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/15/2015

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(n) 58 year old male, who sustained an industrial injury on 9/22/05. He reported pain in his lower back after a trip and fall accident. The injured worker was diagnosed as having status post lumbar fusion in 12/2005, status post lumbar revision in 10/2008, status post hardware removal and revision in 7/2009 and status post left sacroiliac joint fusion on 12/19/13. Treatment to date has included surgeries, physical therapy, Norco, Celebrex, Robaxin and Neurontin. On 8/13/14, the injured worker rated his pain an 8/10 without medications and a 4/10 with medications. He indicated that he does self-guided water therapy 2-3 days a week. As of the PR2 dated 5/26/15, the injured worker reports ongoing low back pain with radiation to his legs. He uses the pool twice weekly and is able to walk about a quarter mile twice weekly. He rates his pain 8/10 without medications and 4/10 with medications. The treating physician requested an extension of a health club membership x 3 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extension of Health Club Membership x 3 Months: 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), Treatment Index, 13th Edition (Web), 2015, Low Back Chapter, 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) Pain section, Gym memberships.

Decision rationale: Pursuant to the Official Disability Guidelines, extension of health club membership times three months is not medically necessary. Gym memberships are not recommended as a medical prescription unless a documented home exercise program periodic assessment and revision has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals area 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 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 status post hardware removal and revision surgery 2009; history fusion L5 - S1 and revision; erectile dysfunction due to chronic pain; and left SI fusion December 19, 2013. According to a progress note dated May 26, 2015, the injured worker's subjective complaints include low back pain that radiates to the legs. The injured worker has been enrolled in a gym membership. The injured worker exercises two times per week and walks approximately one quarter of a mile. Pain is ongoing at 5-6/10. Objectively, the documentation indicates the injured worker gets up from the seated position. There is no antalgic gait present. There are no other objective clinical findings in the medical record. 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 guideline recommendations for gym memberships, extension of health club membership times three months is not medically necessary.