

Case Number:	CM15-0132249		
Date Assigned:	07/20/2015	Date of Injury:	10/07/1999
Decision Date:	11/25/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	07/08/2015

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 49 year old male who sustained an industrial injury on 10-7-1999. Diagnoses are noted as status post industrial related injury, T12 fracture with subsequent spinal cord injury, status post open reduction internal fixation- bone graft and instrumentation (10-7-99), T12 complete paraplegia ASIA A, neurogenic bowel and bladder, neuropathic pain below the level of injury, cognition; memory deficits, history of cellulitis at left hip with decreased left hip range of motion and secondary increased risk of pressure sores from abnormal positioning, chronic pressure at metatarsophalangeal on left 2nd toe, and episode of right lower extremity swelling (myositis 2013). Subjective complaints (5-26-15) include he only has one chair, no back up chair, awaiting repair of flat tire, now traveling longer distances and request assessment for a power chair. Objective findings (5-26-15) include range of motion; functional bilateral upper and lower extremity, motor: upper extremity 5 out of 5, and Tone: Ashworth 1+ bilateral lower extremity. A request for authorization is dated 5-28-15. Work status is noted as permanent and stationary. On 6-9-15, the requested treatment of 6-month gym membership for pain in the lower leg and paraplegia was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 months fitness gym membership for pain in lower leg & paraplegia: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

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 membership.

Decision rationale: Pursuant to the Official Disability Guidelines, six-month fitness gym membership for pain in lower leg and paraplegia 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 T12 fracture with spinal cord injury; status post open reduction internal fixation, bone graft and instrumentation; neurogenic bowel and bladder; neuropathic pain below injury level; memory deficits; history cellulitis left hip; chronic pressure MTP second left toe and episode right lower extremity swelling diagnosis myositis September 2013. Date of injury is October 7, 1999. Request for authorization is May 28, 2015. According to a May 26, 2015 progress note, the injured worker status post T12 compression fracture with paraplegia and open reduction internal fixation. The treating provider is requesting 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. There are no compelling clinical facts indicating a gym is specifically required to perform exercises for the pain and lower leg and paraplegia. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines and guideline non-recommendations for gym memberships, six-month fitness gym membership for pain in lower leg and paraplegia is not medically necessary.