

Case Number:	CM15-0172609		
Date Assigned:	09/14/2015	Date of Injury:	08/15/2014
Decision Date:	10/15/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/01/2015

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 (IW) is a 37-year-old female who sustained an industrial injury on 08-15-2014. She reported injury to the neck and back. The injured worker was diagnosed as having lumbago and contusion of multiple sites. Treatment to date has included chiropractic care, anti-anxiety medications, muscle relaxers, and non-steroidal anti-inflammatory medications. Medications include Buspirone, Cyclobenzaprine, Meclizine, Naproxen, and Skelaxin. In the provider notes of 07-17-2015, the worker has daily spasms but is feeling better since last treatment. During her chiropractic treatments, she is instructed in range of motion exercises for each joint range. A MRI of the lumbar spine (04-14-2015) was normal. There are no documented deficits in her range of motion. According to exam notes of 07-24-2015, she feels better, thinks the muscle spasm is going away, and is not taking medications. Her exam is normal with the exception of mild occipital and right periscapular tenderness with pain on flexion of the neck and abduction of the arms. On 08-07-2015, she again is feeling achy and has taken muscle relaxants. The plan of care includes maintaining activity "as prolonged sitting may be causing her pain and stiffness now." A request for authorization was submitted for Gym membership for 6 months. A utilization review decision (08-18-2015) denied the gym membership, noting there were no indications home exercise was ineffective.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership for 6 months, per 08/07/15 order: 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), 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) 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. In this case, there is no evidence of failure with a home exercise program and there is no indication that the injured worker requires special equipment that would necessitate a gym membership. The request for gym membership for 6 months, per 08/07/15 order is determined to not be medically necessary.