MAXIMUS Federal Services

Case Number:	CM15-0178206		
Date Assigned:	09/18/2015	Date of Injury:	05/08/2000
Decision Date:	10/21/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/10/2015

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: Maryland
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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:

This is a 58 year old male with a date of injury of May 8, 2000. A review of the medical records indicates that the injured worker is undergoing treatment for chronic widespread pain disorder, left knee degenerative joint disease, C5-6 disc degeneration, left shoulder impingement syndrome, and lumbar spondylosis. Medical records dated April 14, 2015 indicate that the injured worker complains of a recent flare up of right leg sciatic symptoms and left degenerative joint disease. Records also indicate the injured worker was utilizing the gym for access to warm pool therapy and found it helpful. A progress note dated August 18, 2015 notes subjective complaints of chronic back pain and bilateral knee pain. The record also indicated that the injured worker was using the gym to maintain function and conditioning. The physical exam dated April 14, 2015 reveals the injured worker appearing chronically ill, slightly restricted gait, diffuse axial spine tenderness, referred back pain with straight leg raising, and left knee joint tenderness. The progress note dated August 18, 2015 documented a physical examination that showed the injured worker appeared chronically ill, had enhanced somatic features, diffuse lower back pain, pain with straight leg raise, and mild knee tenderness bilaterally. Treatment has included exercise and medications (Suboxone, Prilosec, and Celebrex since at least April of 2015). The original utilization review (September 1, 2015) non-certified a request for a gym membership renewal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym Membership Renewal: 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, 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-Gym memberships.

Decision rationale: Gym Membership Renewal is not medically necessary per the ODG Guidelines. The MTUS does not specifically address gym memberships. The ODG does not recommend gym membership 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. Plus, treatment needs to be monitored and administered by medical professionals. 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. The documentation submitted does not reveal that periodic assessment and revision of a documented home exercise program has not been effective or that the patient requires specialized equipment. The request for gym membership renewal is not medically necessary.