

Case Number:	CM15-0025884		
Date Assigned:	02/19/2015	Date of Injury:	10/21/2010
Decision Date:	04/02/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/11/2015

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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Family Practice

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 41 year old male who sustained an industrial injury on 10/21/10. The injured worker reported symptoms in the back and knees. The diagnoses included osteoarthritis lower leg, patellofemoral syndrome, lumbosacral or thoracic neuritis or radiculitis unspecified. Treatments to date include bilateral ankle and right knee cortisone injections, oral pain medications, transcutaneous electrical nerve stimulation unit, and a home exercise program. In a progress note dated 12/18/14, the treating provider reports the injured worker was with "lower back pain that radiates to his left glute and leg." On 2/5/15, Utilization Review non-certified the request for a gym membership for 12 months. The Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym Membership for 12 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, 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 - Lumbar & Thoracic (Acute & Chronic), Gym memberships.

Decision rationale: The injured worker has history of chronic low back pain with radiation into the left gluteus and left lower extremity. The MTUS guidelines do not address gym memberships, so the Official Disability Guidelines (ODG) were referenced. Per the ODG, gym memberships are not recommended 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. Additionally, treatment needs to be monitored and administered by medical professionals, so changes may be made in the medical prescription. Per the records, the injured worker has been participating in a home exercise program, but he does not have home exercise equipment. Although the injured worker may gain benefit from a 12 month gym membership, there is no plan for periodic reassessment, revision, and supervision. Therefore, based on the ODG, the request for a 12 month gym membership is not medically necessary.