

Case Number:	CM15-0062486		
Date Assigned:	04/08/2015	Date of Injury:	05/11/2003
Decision Date:	05/13/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/03/2015

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: Texas, New York, 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 applicant is a represented 70-year-old who has filed a claim for chronic mid and low back pain reportedly associated with an industrial injury of May 11, 2003. In a Utilization Review report dated March 24, 2015, the claims administrator failed to approve a request for a three-month gym membership. A RFA form received on March 17, 2015 was referenced in the determination, along with a progress note of March 6, 2015. The applicant's attorney subsequently appealed. On March 11, 2015, the applicant reported ongoing complaints of mid and low back pain. The applicant had apparently developed abdominal hernias. The applicant was asked to consult a general surgeon to pursue herniorrhaphy procedure. On March 6, 2015, the applicant reported ongoing complaints of low back and abdominal pain. It was stated that the applicant had developed issues with hernia. The applicant was using a walker to move about. X-rays demonstrated a consolidating arthrodesis between T10 and S1. Elavil and other unspecified pain medications were refilled. On January 21, 2015, the applicant was placed off of work, on total temporary disability. A gym membership was endorsed. The attending provider stated that the applicant would benefit from access to equipment. The applicant was using a rolling walker to move about. The attending provider maintained that using a gym had been more effective for the applicant than physical therapy. The attending provider suggested that the gym membership would afford the applicant the ability to stretch some of her issues with lower extremity muscular tightness.

IMR ISSUES, DECISIONS AND RATIONALES

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

Three month participation in a gym membership program: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98. Decision based on Non-MTUS Citation ODG Integrated Treatment/Disability Duration Guidelines Low Back Problems Gym memberships.

Decision rationale: No, the request for a gym membership was not medically necessary, medically appropriate, or indicated here. As noted on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants are expected to continue active therapies at home as an extension of the treatment process. The MTUS Guideline in ACOEM Chapter 5, page 83 further stipulates that, to achieve functional recovery, that applicants must assume certain responsibilities, one of which includes adhering to and maintaining exercise regimens. Thus, both page 83 of the ACOEM Practice Guidelines and page 98 of the MTUS Chronic Pain Medical Treatment Guidelines seemingly espoused the philosophy that gym memberships and the like are articles of applicant responsibility as opposed to articles of payer responsibility. ODG's Low Back Chapter Gym Memberships topic also notes that gym memberships are not recommended as a medical prescription unless documented home exercise program with periodic assessment and revision has proven ineffectual and there is a need for specialized equipment. Here, the attending provider did not clearly or definitively establish that a home exercise program had proven ineffective. The attending provider did not specifically state what equipment the applicant would benefit from access to. Therefore, the request was not medically necessary.