

Case Number:	CM15-0064910		
Date Assigned:	04/13/2015	Date of Injury:	04/14/1993
Decision Date:	05/18/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	04/06/2015

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: 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 79 year old male who sustained an industrial injury on 4/14/93. The injured worker reported symptoms in the back. The injured worker was diagnosed as having lumbar degenerative disc disease. Treatments to date have included exercise, oral pain medication, and nonsteroidal anti-inflammatory drugs. Currently, the injured worker complains of back pain. The plan of care was for a gym membership and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership x1 year: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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: Medical Treatment Utilization Schedule (MTUS) does not address gym membership. Official Disability Guidelines (ODG) state that 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 neurological surgery progress report dated 2/27/14 documented subjective complaints of lumbar spine pain. Date of injury was 04-14-1993. On physical examination, the patient can flex the lumbar spine to 100 degrees and extend to 10 degrees. The physician noted that the patient was stable. The medical records document a history of low back complaints. ODG guidelines indicate that gym memberships are not considered medical treatment, and do not support the medical necessity of gym memberships. Therefore, the request for gym membership is not medically necessary.