

Case Number:	CM15-0079044		
Date Assigned:	04/30/2015	Date of Injury:	03/28/2000
Decision Date:	05/29/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/24/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 65-year-old male sustained an industrial injury on 3/28/2000. He subsequently reported low back, back and right shoulder pain. Diagnoses include lumbar facet syndrome, degenerative lumbar disc and lumbar stenosis. Treatments to date have included x-ray and MRI studies, surgery, therapy, injections and prescription pain medications. The injured worker continues to experience back and leg pain. Upon examination, lumbar flexion was at 75% of full flexion with no increased pain, extension was at 25% with moderate increases in pain, palpation showed pain mostly over the L3-4 through L5- S1 facet joints and straight leg raise was negative to 90 degrees. The treating physician made a request for Gym Program Membership - One Year.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym Program Membership - One Year - Quantity: 1: 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 claimant sustained a work injury more than 15 years ago and taking to be treated for back and leg pain. When seen, the assessment references planned right total hip replacement in August 2015. Physical examination findings included decreased and painful lumbar spine range of motion and facet joint tenderness. The assessment references the claimant as working diligently for at least one hour per day to maintain his condition and request a one-year gym membership. A gym membership is 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. If a membership is indicated, continued use can be considered if can be documented that the patient is using the facility at least 3 times per week and following a prescribed exercise program. In this case, there is no documentation of a prescribed exercise program or need for specialized equipment. Therefore, the requested gym membership is not medically necessary.