

Case Number:	CM15-0091255		
Date Assigned:	05/15/2015	Date of Injury:	04/28/2006
Decision Date:	06/16/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/12/2015

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:

The injured worker is a 51 year old male, who sustained an industrial injury on 4/8/06. He reported injury to his lower back and right wrist after falling 18 feet. The injured worker was diagnosed as having paraplegia, abnormality of gait and closed lumbar vertebra fracture. Treatment to date has included lumbar fusion with bone grafting on 4/28/06, a TENs unit, physical therapy and Lyrica and Flexeril. As of the PR2 dated 4/17/15, the injured worker reports 3/10 pain in left low back. He continues to feel weak, but current medications and treatments decrease symptoms. The treating physician noted a negative straight leg raise test and mild tenderness of the paralumbar muscles. The injured worker ambulates with a locking knee brace. The treating physician requested a six-month gym program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) months gym program: 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 Chapter, 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 and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6: p87.

Decision rationale: The claimant sustained a work injury and April 2006 and has complete paraplegia. When seen, he was having low back pain and weakness. Pain was rated at 3/10. Physical examination findings included ambulating with bilateral knee braces. He had a left quadriceps atrophy and left sacroiliac joint tenderness. There was bilateral lower extremity. 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 planned use of specialized equipment. Therefore, the requested gym membership is not medically necessary.