

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

Dated: 9/11/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/10/2013

2/20/1994

7/24/2013

CM13-0002821

- 1) MAXIMUS Federal Services, Inc. has determined the request for a continued gym membership **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/24/2013 disputing the Utilization Review Denial dated 7/10/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/29/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for a continued gym membership **is not medically necessary and appropriate.**

### **Medical Qualifications of the Expert Reviewer:**

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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 treatments and/or services at issue.

### **Case Summary:**

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 10, 2013

“According to the clinical documentation, the patient is a 75-year-old individual who sustained an injury on 02/20/1994 due to slipped in the ice room. According to the office visit dated 05/31/13 by [REDACTED], MD, the patient was seen for followUp for the low back injury. The patient was doing home exercise program and the patient was going to the gym several times a week. Overall, the patient felt stable. On neurological examination, there was diffused spasm noted on the lumbar spine. Motor examination was normal. Gait examination was normal. Recommended treatment included continuing use of the gym. The patient was diagnosed with lumbar spine disease. This is a review for medical necessity of the request for continued use of gym.”

### **Documents Reviewed for Determination:**

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application for Independent Medical Review (received 7/24/13)
- Utilization Review Determination (dated 7/10/13)
- Orthopedic -Qualified Medical Evaluation from [REDACTED], MD (Dated 4/28/13)
- Medical Records from [REDACTED], MD (dated 12/14/12-3/8/13)
- MRI of Lumbar Spine from [REDACTED] (dated 12/3/12)
- Official Disability Guidelines (ODG) (updated 5/10/13), Low Back, Gym Memberships

**1) Regarding the request for a continued gym membership:**

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Official Disability Guidelines (ODG) (current version) Low Back, Gym Memberships, a Medical Treatment Guideline (MTG) not part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the MTUS Chronic Pain Medical Treatment Guidelines, (2009), Exercise, applicable and relevant to the issue at dispute.

Rationale for the Decision:

On 2/20/1994 the employee sustained an injury to the neck and low back. Treatment has included; analgesic medications, gym memberships, electrodiagnostic testing and MRI. A report dated 4/24/13 indicates that the employee is experiencing low back pain. A request was submitted for a continued gym membership.

MTUS Chronic Pain Treatment Guidelines state there is insufficient evidence to support the recommendations of any particular exercise regimen over another. A review of the medical records indicates the employee is independently mobile and exhibits normal motor function and well-preserved lumbar spine range of motion. The records document that the employee is capable and is performing home exercises independently. A request for a continued gym membership **is not medically necessary and appropriate.**

**Effect of the Decision:**

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely;

Richard C. Weiss, MD, MPH, MMM, PMP  
Medical Director

cc: Department of Industrial Relations  
Division of Workers' Compensation  
1515 Clay Street, 18<sup>th</sup> Floor  
Oakland, CA 94612

/db

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.