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| Case Number: | CM14-0173006 | | |
| Date Assigned: | 10/23/2014 | Date of Injury: | 10/20/2010 |
| Decision Date: | 11/25/2014 | UR Denial Date: | 10/03/2014 |
| Priority: | Standard | Application Received: | 10/20/2014 |

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in New York. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 25 year old male with a date of injury of 10/20/2010. He fell from a first story balcony and had a closed head injury and a lumbar injury. On 06/25/2013 he had a L5-S1 laminectomy. On 09/23/2014 he had low back pain that was 6/10. Without medication the pain was 7/10. He had a home exercise program. He is P&S. He is able to cook, clean and shop.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287 - 316. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 2014, Low Back. Gym membersip.

Decision rationale: MTUS, ACOEM Chapter 12 lumbar complaints does not mention a gym membership as a recommended treatment for any back injury or complaint. ODG 2014 under Low Back, Gym Membership notes the following, "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. Plus, treatment needs to be monitored and administered by medical professionals. While an individual exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment, may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision. With unsupervised programs there is no information flow back to the provider, so he or she can make changes in the prescription, and there may be risk of further injury to the patient. 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 requested gym membership for 6 months is not consistent with MTUS ACOEM or ODG criteria.