

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Independent Medical Review Final Determination Letter

[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/20/2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 8/7/2013
Date of Injury: 2/14/2008
IMR Application Received: 8/19/2013
MAXIMUS Case Number: CM13-0013752

DEAR [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [REDACTED]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Oklahoma and Texas. 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 physician 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.

DOCUMENTS REVIEWED

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

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 40-year-old male who reported an injury on 02/14/2008 after falling 5 to 12 feet from a scaffold. At that time, the patient was diagnosed with a right frontal subdural hematoma and fractures traversing the lumbar L2-4. It was noted that the patient had previously been approved for a gym membership. The patient had low back pain complaints rated at 5/10. Physical findings included decreased sensation in the L5 dermatome. The patient's treatment plan included trigger point injections, continuation of medication management, heat, ice, and exercise.

IMR DECISION(S) AND RATIONALE(S)

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

1. GYM membership of unspecified duration for the lumbar spine is not medically necessary and appropriate.

The Claims Administrator based its decision on the CA MTUS, Official Disability Guidelines (ODG), 2013, which is not part of the MTUS.

The Physician Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Worker's Compensation, The Physician Reviewer based his/her decision on the Official Disability Guidelines (ODG), Low Back Chapter, Gym Memberships which is not part of the MTUS.

The Physician Reviewer's decision rationale:

The requested gym membership of unspecified duration for the lumbar spine is not medically necessary or appropriate. The employee does continue to have low back pain with radicular symptoms. It was also noted within the documentation that the employee was previously approved for a gym membership. Official Disability Guidelines (ODG), does not recommend a medical prescription for a gym membership unless there is documentation that the employee has failed to progress through a home exercise program and the need for equipment is clearly indicated. The clinical documentation submitted for review does not provide any evidence that the employee has failed to progress through a home exercise program and requires additional equipment. Also, there is no documentation of monitoring by medical professionals of participation in previous gym memberships. **The requested for gym membership of unspecified duration for the lumbar spine is not medically necessary or appropriate.**

/bd

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.

[REDACTED]

CM13-0013752