

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/7/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/18/2013
Date of Injury:	1/19/2006
IMR Application Received:	7/29/2013
MAXIMUS Case Number:	CM13-0004321

- 1) MAXIMUS Federal Services, Inc. has determined the request for **gym membership (unspecified length of time) bilateral groin is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/29/2013 disputing the Utilization Review Denial dated 7/18/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/6/2013. 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 gym membership (unspecified length of time) bilateral groin **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 Preventive Medicine and 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.

Expert Reviewer Case Summary:

The applicant, Mr. [REDACTED], is a represented [REDACTED] employee who has filed a claim for chronic groin pain reportedly associated with an industrial injury of January 19, 2006.

Thus far, he has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; prior herniorrhaphy; muscle relaxants; transfer of care to and from various providers in various specialties, inguinal nerve injection procedures; and work restrictions. It does not appear that the applicant has returned to work with permanent restrictions in place.

The most recent clinic progress note on file dated June 25, 2013, is notable for comments that the applicant reports persistent 3 to 5/10 pain, apparently exacerbated by ambulating, sleeping, and during sexual activity. The applicant exhibits inguinal tenderness. He is given refills of Protonix, topical lotions, and Lortab for pain relief.

A prior note of April 30, 2013, is notable for comments that a gym membership is requested. It is stated that there is strong evidence that exercise reduces disability duration in the applicants with low back pain.

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 of Independent Medical Review
- Utilization Review Determination [REDACTED]
- Medical Records from Provider
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for gym membership (unspecified length of time) bilateral groin:

Section of the Medical Treatment Utilization Schedule (MTUS) Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Official Disability Guidelines (ODG).

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Page 46 of 127, which is part of MTUS.

Rationale for the Decision:

MTUS Chronic Pain Medical Treatment Guidelines, while not specifically addressing the topic of gym memberships, do suggest that there is no evidence to support recommendation of any particular exercise program over another. In this case, the medical records provided for review do not indicate evidence that the employee is immobile, deconditioned, or otherwise incapable of participating in home exercise of their own accord. **The request for gym membership (unspecified length of time) bilateral groin 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,

Paul Manchester, MD, MPH
Medical Director

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

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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.