

Case Number:	CM13-0001313		
Date Assigned:	12/04/2013	Date of Injury:	06/29/2005
Decision Date:	02/13/2014	UR Denial Date:	07/02/2013
Priority:	Standard	Application Received:	07/12/2013

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 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 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. 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 56-year-old female with a work-related injury on 6/29/05 to her neck and back. The patient has been treated with conservative care including PT, Acupuncture, Tens unit, and Meds. Her PT has diagnosed her with cervical discogenic pain, myofascial cervical and thoracic pain. PTP PR2 dated 6/10/13 revealed patient has cervical myofascial pain. There were no other physical examination findings. PTP PR2 dated 8/5/13 and 11/4/13 reveal patient complaints of constant intense cervical pain aggravated with activities. Exam findings limited to bilateral cervical myofascial pain and good lower extremity strength and patient able to ambulate. Notation that patient does not want injections and EMG result as non-contributory and MRI revealed multilevel discogenic disease of the cervical spine. Meds consist of Tramadol, Relafen and Omeprazole. There is a request for a gym membership.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership (Rx: 6/10/2013): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) back, gym membership.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) back, gym membership.

Decision rationale: This service is not medically necessary. CA MTUS does not address gym memberships specifically. In the physical medicine section it states that active exercises are effective, they should be supervised. Gym memberships do not allow for proper medical supervision and do not follow this guideline. In addition, (although MTUS is the standard guideline in CA) ODG for knee and back were used. These guidelines do not recommend gym memberships based on the fact that there is no medical supervision and there is no specified exercise routine. The provider did not give a plan of treatment including progress monitoring. Without this information and according to standard guidelines, this treatment is not medically necessary.