

Case Number:	CM13-0011594		
Date Assigned:	06/06/2014	Date of Injury:	09/09/2006
Decision Date:	07/14/2014	UR Denial Date:	08/05/2013
Priority:	Standard	Application Received:	08/15/2013

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 Physical Medicine and Rehabilitation, and is licensed to practice in Illinois. 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 injured worker is a 65-year-old male who reported an injury on 9/9/06 when he was riding a motorcycle, was hit by a vehicle, and knocked down. The clinical note dated 7/16/13 noted that the injured worker presented with right-sided chest pain and that a lack of movement increases his pain. He was also frustrated with inactivity. Upon exam, the chest is clear to auscultation and percussion bilaterally with moderate decreased lung sounds in the right lung. There were increased percussive sounds on the right. There was no midline shift of the trachea. Color is good, speech and affect are normal, and the examination in the lower extremities revealed diffuse plantar tenderness as well as dorsal tenderness on the left greater than right. Prior treatment included glipizide, hydrochlorothiazide, metformin, Norco, omeprazole, simvastatin, and Soma. The diagnoses were unspecified chest pain, injury to the bronchus without open wound into cavity, a motor vehicle traffic accident of an unspecified nature, and post-traumatic stress disorder. The current treatment plan includes Soma, Norco, a physical therapy referral, a repeat bronchoscopy request, and a gym membership due to inactivity.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE YEAR GYM MEMBERSHIP-MULTIPLE BODY PARTS 1 TIMES 52: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Gym Membership.

Decision rationale: The Official Disability Guidelines recommend exercise as part of a dynamic rehabilitation program, but note that a gym membership is not recommended as a medical prescription unless a home exercise program has not been effective, and there is a need for equipment. Exercise treatment needs to be monitored and administered by medical professionals. There was no documentation of failed home exercise or of the injured worker's need for specific equipment that would support the medical necessity for a gym membership. The medical documents provided lack evidence of documentation of functional deficits. As such, the request is not medically necessary.