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| Case Number: | CM13-0019624 | | |
| Date Assigned: | 10/11/2013 | Date of Injury: | 07/10/2001 |
| Decision Date: | 02/25/2014 | UR Denial Date: | 08/23/2013 |
| Priority: | Standard | Application Received: | 09/03/2013 |

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 Physical Medicine and Rehabilitation, 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 36 year old female who reported an injury on 7/10/01. The mechanism, of injury was a fall. A clinical note dated 08/12/2013 reported the patient presented for reevaluation regarding her lumbar post fusion syndrome, chronic lower extremity radiculopathy, right foot drop, lumbar degenerative disc disease, regional myofascial pain, right knee internal derangement, and chronic pain syndrome. The patient complained of left hip/pelvis pain, anteriorly and posteriorly. The patient had a third sacroiliac joint injection on 8/5/13, which provided 60% relief of pain. The patient had stopped doing yoga and going to the gym due to increased pain and monetary reasons. The patient stated the psych counseling had helped with her mood, her ability to concentrate, her acceptance of the injury, managing her pain, and managing her physical limitations from a psychological standpoint. At the time of the most recent clinical visit, the patient was taking Norco, Ibuprofen, Robaxin, Gabapentin, Zoloft, and Thermacare heat wraps.

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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines, and the California MTUS ACOEM do not address gym memberships; alternative guidelines were used instead. The Official Disability Guidelines state that gym memberships are not recommended as medical prescription, unless a home exercise program has not been effective and there is a need for equipment. Furthermore, treatment needs to be monitored and administered by medical professionals. There is reference to the patient receiving physical therapy in the medical record, but no information provided with regard to specific physical therapy progress or lack thereof. There needs to be medical professional monitoring and administration of therapy, and that service is not available in the gym atmosphere. As such, the request for gym membership is non-certified.