

Case Number:	CM13-0028252		
Date Assigned:	11/22/2013	Date of Injury:	08/30/2009
Decision Date:	03/05/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	09/23/2013

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 applicant is a represented [REDACTED] employee who has filed a claim for knee, shoulder, and wrist pain reportedly associated with an industrial injury of August 30, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; and the apparent imposition of permanent work restrictions. It does not appear that the applicant has returned to work with permanent limitations in place. In a utilization review report of September 23, 2013, the claims administrator denied a request for an urgent [REDACTED] gym membership citing non-MTUS ODG guidelines. The applicant's attorney subsequently appealed. An earlier progress note of August 30, 2013 is sparse and notable for comments that the applicant is using Naprosyn, Tylenol, Percocet, glucosamine, and Norflex. The applicant is considering bilateral total knee arthroplasty. Tenderness and limited knee range of motion are appreciated. The applicant is obese, stands 67 inches tall, and weighing 270 pounds. The applicant does have a wide-based waddling gait. Permanent work restrictions are renewed. It does not appear that the applicant has returned to work with said limitations in place. A six-month aquatic therapy membership to perform independent exercises is endorsed while the total knee arthroplasties are pending.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urgent [REDACTED] gym membership for 6 months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg(updated 6/7/2013).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in chapter 5, adhering to medication and exercise regimens are deemed matters of applicant's responsibility as opposed to matters of employer or payor responsibility. The gym membership to facilitate the applicant's performance of independent home exercises has been deemed by ACOEM something that the employee should independently be responsible for. Therefore, the request is not certified, on independent medical review.