MAXIMUS Federal Services

Case Number:	CM13-0034382		
Date Assigned:	12/06/2013	Date of Injury:	08/13/1998
Decision Date:	04/04/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/15/2013

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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Florida and Texas. 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.

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 63 year old female with a date of injury of 8/13/1998. The most recent progress report available for review is dated 8/22/2013 from [redacted]. The subjective complaints was difficulty with ADL such as bathing, cleaning home, cooking and grocery shopping. The patient was reported to have an active Gym membership as well as a personal trainer services. The husband was reported to help with household chores. An Independent Medical Examination by [redacted] dated 10/5/2012 reported prior injuries in 1991 and 1994. The patient was reported to have significant social stressors. The Whole Person Impairment was reported as 9%. The patient was observed to have no difficulty carrying a large dresser in 2010. The Objective findings documented in the available medical records from [redacted] showed no significant motor, sensory, reflexes or range of motion deficits. The Diagnoses are osteoarthrosis, depression, Fibromyalgia,fatigue, insomnia, lumbar facet degeneration and neck pain. The medications are Baclofen, Meclizine, Celexa, Ambien and Tramadol. A Utilization Review decision rendered on 9/27/2013 recommended non-certification of 3 months of Gym membership and 4 hours per wwek of House Keeper work for 3 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

GYM MEMBERSHIP X 3 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, Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 46-47.

Decision rationale: The Physician Reviewer's decision rationale: The Chronic Pain Medical Treatment Guidelines fully addressed the use of exercise programs in the treatment of chronic pain syndrome. The use of Gym for exercise therapy is not more effective than other medically unsupervised exercise activities. The medical records show that the patient is already actively participating in Gym exercises and is currently utilizing the services of a personal trainer. The available objective physical findings does not support a need for medically prescribed Gym exercise program. The request for a gym membership for three months is not medically necessary or appropriate.

HOUSE KEEPER (4) HOURS A WEEK FOR (3) MONTHS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51.

Decision rationale: The Physician Reviewer's decision rationale: The Chronic Pain Medical Treatment Guidelines addressed the use of Home Health Services for Chronic Pain patients. The approved services excluded household chores such as cleaning, laundry and shopping. The medical records does not show that the patient has severe functional impairment that would require personal caregiver services. The patient does have other family members completing the routine household chores that are being requested. The request for a house keeper for four hours per week for three months is not medically necessary or appropriate.