

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM13-0041493 | | |
| Date Assigned: | 12/20/2013 | Date of Injury: | 05/13/2005 |
| Decision Date: | 04/21/2014 | UR Denial Date: | 10/04/2013 |
| Priority: | Standard | Application Received: | 10/15/2013 |

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 Preventative 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 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 patient is a 36-year-old male with a 5/13/05 date of injury. Subjective complaints include diffuse pain all over the patient's body with weakness and fatigue, abdominal complaints, and lack of sleep. Objective findings include diffuse tenderness in the L1-S1 region, tenderness in the bilateral paraspinal muscle region, positive straight leg raise, weakness in the Iliopsoas and quadriceps, and tenderness in the medial fat pad region of the knees bilaterally, lateral epicondyle region of the elbows bilaterally, pectoralis major region, upper trapezius, and interscapular region bilaterally with positive trigger points for fibromyalgia. Current diagnoses include cervical thoracic strain with resultant cephalgia and significant spinal stenosis and foraminal narrowing, lumbar spine discopathy, and fibromyalgia. and treatment to date has been medications, TENS unit, and 12 aquatic therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 MONTHS POOL AND 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 Official Disability Guidelines state that a gym membership can be recommended with documentation that a home exercise program with periodic assessment and revision has not been effective, that there is a need for equipment, and that treatment is being monitored and administered by medical professionals. Within the medical information available for review, there is documentation of diagnoses of cervical thoracic strain with resultant cephalgia and significant spinal stenosis and foraminal narrowing, lumbar spine discopathy, and fibromyalgia. However, there is no documentation that a home exercise program with periodic assessment and revision has not been effective, that there is a need for equipment, and that treatment is being monitored and administered by medical professionals. Therefore, based on guidelines and a review of the evidence, the request for a three month pool and gym membership is not medically necessary.