

Case Number:	CM13-0047850		
Date Assigned:	12/27/2013	Date of Injury:	10/03/2011
Decision Date:	03/25/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	11/04/2013

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 chronic knee and leg pain reportedly associated with an industrial injury of October 3, 2011. 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; topical compounds and lotions; prior unspecified amounts of aquatic therapy; and extensive periods of time off of work, on total temporary disability. In a Utilization Review Report of October 21, 2013, the claims administrator denied a request for a six-month gym membership while apparently approving a functional capacity evaluation. An earlier note of February 26, 2013 is notable for comments that the applicant is off of work, on total temporary disability. Her case and care have been complicated by comorbid diabetes and hypertension. She is Terocin, Prilosec, Maxzide, Klonopin, Elavil, Lidoderm, Neurontin, hydrochlorothiazide, Prevacid, and metformin. Multiple later notes interspersed throughout 2013 acknowledged that the applicant is off of work, on total temporary disability, including March 22, 2013, April 23, 2013, May 8, 2013, May 21, 2013, and June 25, 2013. In a June 25, 2013 progress note, the attending provider stated that the applicant could perform home exercises at home. The applicant was ambulatory and able to transfer to and from the exam table. The applicant was described as having a normal motor exam, 5/5 about the bilateral upper and bilateral lower extremities with the exception of normal grip strength. On October 4, 2013, the attending provider placed the applicant on restricted duty work with a rather proscriptive 5-pound lifting limitation in place. It does not appear that the applicant can accommodate said limitation. A gym membership was apparently sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decision for 6 month gym membership with pool: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 5, page 83, applicants are responsible for adhering to "exercise and medication regimens." The proposed gym membership with a pool component is therefore not indicated as ACOEM deems this issue to be a matter of individual responsibility as opposed to a matter of payor responsibility. Accordingly, the request is not certified, on Independent Medical Review.