

Case Number:	CM13-0060242		
Date Assigned:	04/25/2014	Date of Injury:	07/12/2011
Decision Date:	06/12/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/03/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 58 year old with an injury date on 7/12/11. Based on the 9/13/13 progress report the diagnoses are: Post myocardial infarction syndrome, anxiety, and arrhythmia. The exam on 9/11/13 showed "normal extra ocular movements. Sclerae anicteric. Chest is clear to auscultation. No hepatosplenomegaly. Extremities show no clubbing, cyanosis, edema. No neurological deficit. Skin is normal. No skeletal deformities." Consultation with electro physicist on 9/11/13 showed "patient is a very physically active individual, rides mountain bikes for several miles. Has been having arrhythmias on biking, underwent electrophysiology study and ablation. In 2011, had counterclockwise flutter that was induced and ablated. In November 2011 had non-sustained atrial fibrillation on EP study. Continues to have palpitations with extreme physical activity. On the treadmill, at 2 minutes of recovery, patient went into an SVT of 170 beats per minute, dropping down within a few seconds to normal sinus rhythm." [REDACTED] is requesting gym membership for 12 months. The utilization review determination being challenged is dated 11/27/13. The requesting provider, provided treatment reports from 9/27/11 to 11/22/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

GYM MEMBERSHIP FOR 12 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),GYM Membership.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines , ODG: Lumbar / Knee / Shoulder Chapters.

Decision rationale: According to the 11/6/13 report by [REDACTED], this patient presents with "anxiety, problems with insomnia" but "no pain most of the time, except depression over current condition" per 7/10/13 report. The request is for gym membership for 12 months. On 8/7/13 patient was admitted to emergency room for an episode of repeated bursts of elevated heart rate which finally responded to a Valsalva maneuver. On recent bike ride, patient developed an episode of rapid heart rate consistent with known arrhythmia which lasted half an hour and included some anxiety and possibly some chest discomfort which was mild, per 11/22/13 report. Patient is involved in individual exercise regimen of 5 mountain biking sessions per week as stated in 11/6/13 report, but there is no evidence in provided reports of a documented home exercise program under medical professional supervision. On 11/22/13, [REDACTED] requested a one-year gym membership "that offers meditation and yoga practice as recommended by electro physiologist." Regarding gym membership, ODG Guidelines only allow in cases where a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. In addition, treatment needs to be monitored and administered by medical professionals. In this case, the treater has asked for gym membership for 12 months but does not explain why meditation and yoga cannot be performed at home. The patient does not require any special equipment for exercises either. Recommendation is for denial.