

Case Number:	CM13-0064173		
Date Assigned:	01/03/2014	Date of Injury:	04/14/2012
Decision Date:	04/16/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/11/2013

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 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic pain syndrome, chronic low back pain, and chronic ankle pain reportedly associated with an industrial injury of April 14, 2012. Thus far, the applicant has been treated with following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy over the life of the claim. In a Utilization Review Report of November 27, 2013, the claims administrator denied a request for a six-month gym membership. The applicant's attorney subsequently appealed. On December 16, 2013, the applicant presented with persistent ankle pain. The applicant is a former park maintenance employee, it is stated. Swelling and tenderness were appreciated about the lateral malleolus. The applicant was on Relafen and tramadol for pain relief. It is stated that the applicant has persistent problems with weightbearing and does not have access to a pool at home. It was state that the applicant's progress can be periodically monitored and that he can be observed at the pool, presumably by a lifeguard.

IMR ISSUES, DECISIONS AND RATIONALES

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

GYM MEMBERSHIP QTY6 MONTHS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99, 114. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG),TREATMENT IN WORKERS'

COMP 2012(WEB), WORKLOSS DATA INSTITUTE (WWW.WORKLOSSDATA.COM), (UPDATED 2/14/12), LUMBAR SPINE, GYM MEMBERSHIPS, AND ACOEM CHAPTER 12: LOW BACK COMPLAINTS UPDATE ON OCTOBER 29,2007 PG13.

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 must assume certain responsibility to achieve functional responsibility, one of which is adhering to "exercise and medication regimens." Thus, the gym membership being sought by the attending provider, per ACOEM, is considered a matter of applicant responsibility as opposed to a matter of medical necessity. Therefore, the request is not certified as the MTUS Guideline in ACOEM Chapter 5 deems the requested service a matter of applicant responsibility.