

Case Number:	CM13-0070190		
Date Assigned:	01/08/2014	Date of Injury:	05/10/1999
Decision Date:	06/26/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/24/2013

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 Family Practice, 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 injured worker is a 46 year old female with a date of injury of 05/10/1999. The mechanism of injury is not described. A report dated 08/12/13 indicates that the injured worker has completed a course of individual psychotherapy. A note dated 11/14/13 indicates that the injured worker's symptoms are unchanged. Medications are MS Contin and Vicodin. The injured worker feels more comfortable walking in a pool, but has limited access. She has reportedly gained 30 pounds in the last 6 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

GYM MEMBERSHIP 6 MONTHS WITH HEATED POOL FOR SELF GUIDED THERAPY: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Gym memberships

Decision rationale: There is no comprehensive assessment of treatment completed to date or the patient's response thereto submitted for review. The Official Disability Guidelines support gym

memberships only when home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. The submitted records fail to establish that the injured worker has failed a home exercise program or that there is a need for equipment. Additionally, the ODG does not generally support gym/pool memberships as there is no information flow-back to the provider and there may be risk of further injury to the injured worker. The request is not medically necessary and appropriate.