

Case Number:	CM14-0001523		
Date Assigned:	01/22/2014	Date of Injury:	12/08/2005
Decision Date:	06/26/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/04/2014

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, and is licensed to practice in Illinois. 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 55-year-old who reported an injury on December 8, 2005 due to an unknown mechanism. The clinical note dated November 19, 2013 indicated the injured worker complained of difficulty with fatigue and sleepiness during the day, generalized pain and difficulty sleeping at night, pain in both wrists, and pain in the neck region. The injured worker's physical exam revealed multiple areas of muscular tenderness, certain areas of muscle spasm, tenderness in the neck, in the upper neck and lower neck, upper back involving the trapezius, levator scapula, and paraspinous muscles, including the rhomboids, supra and infra scapular muscles. There was tenderness over the paraspinous muscles throughout the thoracic and lumbar spine, tenderness over the gluteal muscles, and tenderness over the sacroiliac joints. There was tenderness with palpation over the wrist. The injured worker's diagnoses were bilateral carpal tunnel syndrome and status post decompressive surgeries, fibromyalgia, and possible cervical disc disease. The provider recommended a one year pool [REDACTED] membership. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE YEAR POOL [REDACTED] MEMBERSHIP: 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 - Lumbar & Thoracic, Gym Membership.

Decision rationale: The Official Disability guidelines do not recommend gym membership as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. Treatment needs to be monitored and administered by medical professionals. With unsupervised programs there is no information flow back to the provider, so he or she can make changes in the prescription, and there may be risk of further injury to the patient. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment, and are therefore not covered under these guidelines. The provided medical documents lack evidence of a diagnosis or symptoms that would be congruent with guideline recommendations for an aquatic exercise program. The guidelines further state that treatment needs to be monitored and administered by medical professionals. The request for one year pool [REDACTED] membership exceeds the recommendations of the guidelines. In addition, gym memberships, health clubs, swimming pools, etc., are not generally considered medical treatment. The request for a one year pool membership at the [REDACTED] not medically necessary or appropriate.