MAXIMUS Federal Services

Case Number:	CM14-0002472		
Date Assigned:	01/24/2014	Date of Injury:	10/19/2011
Decision Date:	06/06/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/07/2014

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 Anesthesiology has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 53 year old female who reported a repetitive motion injury to her hands, wrist, and back on 10/19/2011. Within the clinical note dated 01/20/2014 the injured worker reported right side low back pain and intermittent numbness and tingling in her hands and wrists. The physical exam reported tenderness to palpation over the lumbar region, positive straight leg raise test, and positive Yeoman's test. Within the clinical note dated 07/03/2013 the injured worker reported lower back pain rated 7-8/10. In addition, the injured worker reported she previously underwent physical therapy which provided slight benefit. The request for authorization was found within the submitted documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 GYM MEMBERSHIP WITH POOL ACCESS FOR ONE YEAR: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic.

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, Gym Membership.

Decision rationale: The Official Disability Guidelines do not recommend gym memberships 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. Plus, treatment needs to be monitored and administered by medical professionals. The only submitted documents that showed a home health program was dated 06/27/2012 and there was lack of documentation that there was a follow-up and the outcome of the results. In addition, there is a lack of evidence that provides the rational for the request. Furthermore, within the clinical notes there is a lack of documentation monitoring the injured worker's progress. Therefore, the request for Gym Membership is not medically necessary.