

Case Number:	CM14-0005278		
Date Assigned:	01/24/2014	Date of Injury:	06/15/2003
Decision Date:	06/13/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/14/2014

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 & Rehabilitation and is licensed to practice in Texas. 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 71 year old female who reported an injury on 06/15/2003 due to an unknown mechanism. The clinical note dated 01/03/2014 indicated diagnoses of generalized anxiety disorder and pain disorder associated with psychological factors and a general medical condition. The injured worker reported she was scheduled for implant of post in her upper jaw and that she has a vocational rehabilitation evaluation scheduled within the next few weeks. The clinical note dated 12/02/2013 indicated the injured worker was seen for restoration of upper and lower implant dentures. The clinical note dated 11/16/2013 indicated diagnoses of internal derangement, right TMJ, instability of the mandible due to lack of dentition and ill fitting dentures, probability of bruxism and possibility of disc displacement and degenerative changes of the TMJs. The request for authorization was submitted on 12/16/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

GYM MEMBERSHIP FOR ONE (1) 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 (ODG), Shoulder Chapter, Gym Memberships.

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

Decision rationale: The Official Disability Guidelines (ODG) indicate a gym membership is not recommended as a medical prescription unless a home exercise program has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals. There is lack of evidence in the injured workers physical examination indicating impairment of the shoulder. In addition there is lack of evidence of a home exercise program with periodic assessments which had been modified and remained ineffective. Therefore, per the ODG guidelines, the request for a gym membership is not medically necessary and appropriate.