

Case Number:	CM14-0100245		
Date Assigned:	09/23/2014	Date of Injury:	10/12/2010
Decision Date:	10/27/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	06/30/2014

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 Pain Medicine and is licensed to practice in Minnesota. 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 44-year-old female who reported a work related injury on 10/12/2010. The mechanism of injury was not provided for review. The injured worker's diagnoses consist of unspecified myalgia and myositis and post laminectomy syndrome of the lumbar spine. Past treatment has included medications, therapy, and surgery. Diagnostic studies that are provided for review were several urine drug screens. Surgical history included a lumbar laminectomy on an unspecified date. Upon examination on 05/21/2014, the injured worker complained of total body pain, chronic fatigue, problems sleeping, neck pain, bilateral shoulders, upper arm, low back pain that radiates to both legs. The injured worker stated with aquatic therapy she has been sleeping well and was more relaxed. Upon physical examination, it was noted that there was no swelling, normal neurologic examination, no rheumatoid arthritis deformities, cervical tenderness, and bilateral shoulder tenderness. Prescribed medications include gabapentin, tramadol, Sonata. The treatment plan consisted of continuing gabapentin, tramadol, Sonata, and to continue pool therapy. The rationale for the request was not submitted for review. A request for authorization form was submitted for review on 05/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

█ gym member with pool access for 6 months: 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), Lumbar

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

Decision rationale: The Official Disability Guidelines state that memberships to gyms and swimming pools are not recommended unless documentation shows that a formal home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. The guidelines also specify that, while exercise is encouraged, treatment needs to be monitored and administered by medical professionals as unsupervised programs may lead to risk of further injury. The documentation submitted for review does not suggest that the injured worker has failed a structured home exercise program with periodic reassessment and revision, or that she has a specific medical need for equipment. Additionally, the request is not supported as the guidelines specifically state that gym and pool memberships are not considered medical treatment as treatment needs to be monitored and administered by medical professionals, as unsupervised programs may lead to risk of further injury. As such, the request for [REDACTED] gym member with pool access for 6 months is not medically necessary.