

Case Number:	CM14-0105837		
Date Assigned:	07/30/2014	Date of Injury:	12/28/2011
Decision Date:	08/29/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	07/09/2014

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 39-year-old who reported injury on 12/28/2011. The mechanism of injury was a slip and fall where the injured worker fell forward landing on her right arm and left knee. The diagnoses were noted to include cervical spine disc bulge, thoracic spine strain, lumbar spine disc rupture, bilateral shoulder derangement, bilateral carpal tunnel syndrome and left knee and foot strain. The injured worker underwent MRIs and therapy. The medications included cyclobenzaprine, Norco 10/325 mg and gabapentin 300 mg 1 by month 3 times a day and orphenadrine 100 mg 1 to 2 at bedtime. There was no PR2 or DWC form or RFA submitted for to support the necessity for a gym membership.

IMR ISSUES, DECISIONS AND RATIONALES

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

GYM MEMBERSHIP 12 MONTHS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disabilities guidelines.

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 Membership.

Decision rationale: The Official Disability Guidelines indicate that gym memberships are not generally considered medical treatment and not covered under the Official Disability Guidelines. There was lack of documentation of a DWC form, RFA or PR2 to support the request. There was lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. Given the above, the request for gym membership 12 months is not medically necessary.