

Case Number:	CM14-0011025		
Date Assigned:	02/21/2014	Date of Injury:	03/06/2004
Decision Date:	07/25/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/27/2014

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 Management and is licensed to practice in Tennessee. 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:

Patient is a 50-year-old male who has submitted a claim for chronic pain syndrome, fibromyositis, low back pain, degeneration of cervical intervertebral discs, anxiety, and depressive disorder associated with a continuous industrial injury from September 1, 2003 up to March 6, 2004. Medical records from 2008 to 2014 were reviewed. Patient complained of severe diffuse pain in multiple body parts, joint problems, and sleep disorder. This resulted to difficulty performing self-care activities. Patient tried to commit suicide in December 2013 due to severe pain leading to hospitalization. Patient likewise had difficulty opening her mouth especially when chewing solid food. Speech was significantly affected by dental problems. She ambulated using a walker. Patient was oriented with appropriate affect. Mood was anxious. Patient was seen by a dentist on February 2012 because of complaints of dry mouth leading to tooth decay. Dry mouth was a noted side effect of her treatment regimen involving Cymbalta, sertraline, risperidone, Neurontin, lorazepam, and citalopram. Treatment to date has included psychotherapy, physical therapy, and medications. Utilization review from December 27, 2013 denied the request for gym membership because only a physician supervised exercise was supported by the guidelines; and denied dentist appointment because of lack of specificity within the context of work injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

GYM 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 Chapter, Gym Memberships.

Decision rationale: The CA MTUS does not address this topic specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Low Back Chapter, Gym Membership was used instead. It states that gym memberships are not recommended as a medical prescription unless the documented home exercise program has been ineffective and there is a need for specialized equipment; treatment needs to be monitored and administered by medical professionals. In this case, patient is currently on a home exercise program. There was no discussion concerning need for specialized equipment. Moreover, his exercise regimen should be monitored by a health professional since recent assessment of functional activities revealed that patient was unable to independently perform even self-care activities. Patient's safety is a paramount concern. There is likewise no specified duration of exercise program in the request. Therefore, the request for gym membership is not medically necessary.

DENTIST APPOINTMENT: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As stated on page 127 of the California MTUS ACOEM Independent Medical Examinations and Consultations Chapter, occupational health practitioners may refer to other specialists if the diagnosis is uncertain, or when psychosocial factors are present. Therefore, the request for dentist appointment is not medically necessary. In this case, patient was last seen by a dental specialist on February 2012 because of complaints of dry mouth leading to tooth decay. A more recent progress report cited that patient had difficulty opening her mouth especially when chewing solid food. Speech was significantly affected by dental problems. Referral to a dentist may be a reasonable option; however, there was no physical examination of the buccal mucosa which may support such claims. The medical necessity was not established due to insufficient information. Therefore, the request for dentist appointment is not medically necessary.