

Case Number:	CM14-0012439		
Date Assigned:	02/21/2014	Date of Injury:	10/11/2012
Decision Date:	06/26/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	01/30/2014

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 Occupational Medicine and is licensed to practice in California. 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back and rib pain reportedly associated with an industrial injury of October 11, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; and initial diagnosis with the rib fracture. In a Utilization Review Report of January 14, 2014, the claims administrator denied a six-month gym program/gym membership on the grounds that the applicant was apparently requesting the same for socialization purposes. It appears that the gym membership was sought via a note dated December 30, 2013, in which the attending provider noted that the applicant had ongoing issues with low back and rib pain. It was stated that the applicant was much better. Additional acupuncture and a rather proscriptive 50-pound lifting limitation were sought, along with a six-month gym program. The note was highly templated and contained very little in the way of narrative commentary. It was not stated whether or not the applicant's limitations were being accommodated.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 MONTH GYM PROGRAM: 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, Gym memberships.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83.

Decision rationale: As noted in the ACOEM Guidelines in Chapter 5, page 83, to achieve functional recovery, applicants must assume certain responsibilities, one of which is to adhere to and maintain exercise regimens. In this case, thus, the gym program being sought by the attending provider has been deemed, per ACOEM, to represent a matter of applicant responsibility as opposed to a matter of payer responsibility. In this case, furthermore, it is not clearly stated why the applicant is incapable of independently performing home exercises. Little or no narrative commentary was provided so as to support the request or offset ACOEM Guidelines recommendation. Therefore, the request is not medically necessary.