

Case Number:	CM14-0013531		
Date Assigned:	02/26/2014	Date of Injury:	06/05/1989
Decision Date:	06/26/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/03/2014

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 Neurology Surgery, 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 injured worker is a 57-year-old who was injured on June 5, 1989. The most recent clinical progress note is dated December 10, 2013. The injured presents with continued complaints of back and neck pain. The examination documents tenderness to palpation. There are diminished reflexes bilaterally at the knees, but they are equivalent. Lumbar range of motion is reduced. Current diagnoses include chronic back pain with lumbar surgery, cervical degenerative disc disease at C6-C7, history of abdominal wall hernia, bilateral epicondylitis status post operative intervention, cervical and lumbar facet-based pain and discogenic disease and status post bilateral shoulder surgery x2. The clinician recommends gym membership. The mechanism of injury is not documented in the notes provided. The clinician references the California Medical Treatment Utilization Schedule (CAMTUS) guidelines for aquatic therapy to support the request for gym membership. The utilization review in question was rendered on January 27, 2014. The reviewer noncertified the request for a one year gym membership.

IMR ISSUES, DECISIONS AND RATIONALES

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

INDEPENDENT GYM PROGRAM X 1 YEAR: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, 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): LOW BACK, GYM MEMBERSHIPS

Decision rationale: The ODG is utilized as the ACOEM and MTUS do not specifically address the topic of gym memberships. With regards to gym memberships, the ODG indicates that these are not medically necessary as they do not constitute monitored and supervised treatment by a healthcare professional. The request for an independent gym program for one year is not medically necessary or appropriate.