

Case Number:	CM14-0013694		
Date Assigned:	02/26/2014	Date of Injury:	04/03/1997
Decision Date:	08/07/2014	UR Denial Date:	01/20/2014
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 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:

This is a 46 year-old female with a 4/3/97 date of injury. The patient was seen on 11/17/13 with complaints of neck pain. The patient was noted to be independent with self-care, and ADL's. She is able to drive. No exam findings were noted ta that time. Prior exam findings noted decreased range of motion of the cervical spine, tenderness over the facet joints, muscle spasm over the temporalis and trapezius, and decreased sensation in the C5-C8 dermatomes in the right arm. The diagnosis is chronic pain syndrome, prescription dependency, lumbar and cervical sprain, malingering, left shoulder partial rotator cuff tear and SLAP lesionTreatment to date: medications, TENS device, trigger point injectionsAn adverse determination was received on 1/20/14 for unknown reasons.

IMR ISSUES, DECISIONS AND RATIONALES

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

House cleaning 1/wk x 8 wks for assistance with adls: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

Decision rationale: CA MTUS states that home health services are recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. There is no rationale as to why this patient needs home health. She is independent in her ADL's and house cleaning is not a sufficient reason for home health care. Therefore, the request for home health was not medically necessary.

12-month gym membership for independent functional restoration/reconditioning: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment 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: CA MTUS does not address this issue. ODG does not recommend gym memberships unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. In addition, treatment needs to be monitored and administered by medical professionals. However, there is no evidence that attempts at home exercise were ineffective. There is no evidence that the patient would require specialized equipment. There is also no indication that treatment will be administered and monitored by medical professionals. In addition, gym memberships, health clubs, swimming pools, athletic clubs, etc., are not generally considered medical treatment. There is no indication as to why this patient requires a gym membership. There is no mention of physical therapy or a home exercise program, or the need for specialty equipment. Therefore, the request for a 12-month gym membership for independent functional restoration/reconditioning was not medically necessary.