

Case Number:	CM14-0013809		
Date Assigned:	02/26/2014	Date of Injury:	11/15/2007
Decision Date:	08/29/2014	UR Denial Date:	01/22/2014
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:

The applicant is a represented 59-year-old who has filed a claim for chronic knee pain, osteoarthritis of the knee, dysthymia, meniscal derangement, and chronic low back pain reportedly associated with an industrial injury of November 15, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy over the course of the claim; earlier knee arthroscopy; and extensive periods of time off of work. In a Utilization Review Report dated January 25, 2014, the claims administrator denied a request for a gym membership, invoking non-MTUS Official Disability Guidelines (ODG). In a progress note dated September 25, 2013, and the applicant was placed off of work, on total temporary disability. Physical therapy, home exercise program, a stationary bike, Synvisc injections, Naprosyn, Prilosec, and topical compounds were endorsed. The applicant was again placed off of work, on total temporary disability, October 21, 2013. The attending provider apparently sought authorization for a stationary bike/gym membership of some kind. Various oral and topical medications were refilled. Synvisc injections were again sought. On December 2, 2013, the applicant remained on total temporary disability. The attending provider stated that provision of a stationary bike would help the applicant perform a home exercise program to aid her in strengthening her knee. Synvisc injections were again sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

SELF CARE MANAGEMENT TRAINING. GYM MEMBERSHIP: Upheld

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

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

Decision rationale: The proposed self-management training/gym membership is not medically necessary, and appropriate. As noted in the MTUS-adopted ACOEM Guidelines in Chapter 5 page 83, to achieve functional recovery, applicants must assume certain responsibilities, one of which includes adhering to and maintaining exercise regimens. The gym membership/self-care management training being sought by the attending provider, thus, has been deemed, per ACOEM, articles of applicant responsibility as opposed to articles of payer responsibility. No rationale for provision of the same was proffered in the face of the unfavorable ACOEM recommendation. Therefore, the request for self-care management training with a gym membership is not medically necessary.