

Case Number:	CM14-0014954		
Date Assigned:	02/28/2014	Date of Injury:	07/13/2009
Decision Date:	07/21/2014	UR Denial Date:	01/20/2014
Priority:	Standard	Application Received:	02/06/2014

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 Emergency 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 patient has a reported date of injury of 7/13/2009. The mechanism of injury is described as a fall backwards while carrying a bag of fruit. There appears to be another claim with another date of injury as well. The patient has diagnoses of cervical radiculopathy, chronic pain syndrome, thoracic herniated disc, upper extremity paresthesia, tension headaches, neuropathy pains and insomnia. Multiple medical records from the primary treating physician and consultants were reviewed. The patient has complaints of back and chest pains. Vicodin reportedly improves the patient's pains. Orthostim reportedly improves the patient's pain and function. Pain is 9/10 and improves to 6/10 with meds and orthostim. Multiple records from the treating physician are missing documentation of physical exam in all the provided reports. There is not a single neurological, neck or back exam found on records. The only "physical exam" provided is vital signs and occasionally a single line about gait. Not a single prior imaging report was provided. The patient's current medications include Vicodin, Tramadol, Anaprox, Capsaicin cream, Gabapentin and Pamelor.

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: Decision based on MTUS ACOEM Page(s): 114. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: As per the Official Disability Guidelines (ODG), gym memberships are not recommended as a prescription since it is not a medically supervised medical treatment. The treating physician does not include any documentation supporting the medical necessity of a gym membership. As such, the request is not medically necessary and appropriate.