MAXIMUS Federal Services

Case Number:	CM14-0016596		
Date Assigned:	04/11/2014	Date of Injury:	10/18/2001
Decision Date:	05/28/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	02/10/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Oklahoma and Texas. 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 61-year-old male who reported injury on 10/18/2001. The mechanism of injury was not provided. The documentation of 12/05/2013 revealed the injured worker had spasm, tenderness, and guarding in the paravertebral muscles of the lumbar spine along with decreased range of motion. There was tenderness over the plantar fascia. Impingement was positive over the left shoulder with decreased range of motion. It was indicated the injured worker was provided 6 sessions of acupuncture for his plantar fasciitis in both feet. The injured worker indicated that the acupuncture helped him reduce his pain, increase his functional capacity and allowed him to ambulate for longer periods of time and facilitated his activities of daily living. However, it was indicated the injured worker's pain had recurred and then symptomatic. The injured worker indicated that the previous 6 sessions helped to reduce the need for taking oral pain medications. The request was made for 12 sessions of acupuncture. Additionally, it was indicated the injured worker had been provided with a 3 month gym membership. With the gym membership the injured worker had lost approximately 20 pounds which helped to reduce the stress over the lumbar spine and feet bilaterally, thereby facilitating his activities of daily living and increasing his functional capacity. However, the physician further indicated as the injured worker's pain had recurred and he continued to be symptomatic, the request was made for a 3 month gym membership. The diagnoses included brachial neuritis or radiculitis not otherwise specified, thoracic or lumbosacral neuritis or radiculitis not otherwise specified, shoulder region disorders not elsewhere classified and pes anserinus tendinitis or bursitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 MONTH GYM MEMBERSHIP: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines Lumbar & Thoracic (Acute & Chronic).

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: Official Disability Guidelines do not recommend gym memberships, health club memberships or athletic club memberships as they are not generally considered medical treatment and are not covered under the Disability Guidelines. The clinical documentation submitted for review indicated the injured worker had previously gotten a 3 month gym membership which had allowed him to lose 20 pounds. However, there was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. The request as submitted failed to indicate the body part to be treated with the gym membership. Given the above, the request for a 3 month gym membership is not medically necessary.