MAXIMUS Federal Services

| Case Number: | CM14-0155863 | | |
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| Date Assigned: | 09/25/2014 | Date of Injury: | 12/14/2004 |
| Decision Date: | 11/28/2014 | UR Denial Date: | 09/12/2014 |
| Priority: | Standard | Application Received: | 09/23/2014 |

## 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 [redacted] employee who has filed a claim for chronic mid and low back pain reportedly associated with an industrial injury of December 14, 2013.Thus far, the applicant has been treated with the following: Analgesic medications; reported diagnosis with neurocysticercosis with spinal cord injury; transfer of care to and from various providers in various specialties; and an earlier stay in a skilled nursing facility.In a Utilization Review Report dated September 12, 2014, the claims administrator denied a request for a gym membership. Non-MTUS ODG guidelines were invoked. The claims administrator did not incorporate cited ODG guidelines into its rationale. The claims administrator stated that the applicant could perform home exercises without the gym membership at issue.The applicant's attorney subsequently appealed.In an August 4, 2014 progress note, the applicant was described as having issues with an incomplete cervical spinal cord injury, neurogenic bowel, neurogenic bladder, headaches, and recurrent urinary tract infections. The applicant was apparently able to ambulate in a hallway on a limited basis but apparently had to use a wheelchair for long-distance mobility issues. Other sections of the note stated that the applicant was having difficulty toileting, bathing, and transferring. The applicant was given diagnoses of T7 spinal cord injury, neurogenic bowel, and neurogenic bladder. A wheelchair lift, gym membership, and home health services were sought. The attending provider noted that the applicant's current wheelchair was ill-fitting and causing some issues with skin chafing.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Gym Membership:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

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

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 5, page 83 notes that applicants must assume certain responsibilities to achieve functional recovery, one of which includes maintaining and adhering to exercise regimens, in this case, however, the applicant's degree of impairment is above and beyond that encapsulated or envisaged in the guideline. The applicant has apparently sustained a spinal cord injury. The applicant is paraplegic. The applicant has issues with lower extremity weakness/lower extremity spasticity which the attending provider has posited were ameliorated in the past and/or can be ameliorated in the future through usage of specialized gym equipment for strengthening purposes. The gym membership at issue, thus, is indicated, given the marked nature of the applicant's impairment and likely inability to perform needed home physical medicine activities without such equipment. Therefore, the request is medically necessary.