

Case Number:	CM14-0163815		
Date Assigned:	10/17/2014	Date of Injury:	07/13/2001
Decision Date:	11/24/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/06/2014

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 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 neck pain reportedly associated with an industrial injury of July 13, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; multiple cervical spine surgeries; unspecified amounts of physical therapy; earlier carpal tunnel release surgery; and extensive periods of time off of work. In a Utilization Review Report dated September 30, 2014, the claims administrator failed to approve a request for a gym membership. In an appeal letter dated October 4, 2014, the applicant acknowledged that she had not worked since 2007. The applicant recounted her lengthy history of treatment, including her multiple cervical spine surgeries. The applicant stated that she believed she had permanent neurological residuals including weakness about the arms and legs. In a progress note dated September 16, 2014, the applicant was reportedly tearful. The applicant stated that her pain was, however, heightened. The applicant was apparently trying to go to the pool once a week but apparently did not have transportation to get to and from the pool more frequently. The applicant was reportedly using Norco, Zoloft, tizanidine, TENS unit, and Relafen. Multiple medications were refilled, including Norco and Relafen. The attending provider suggested that the applicant attend a gym and try and exercise more aggressively. The attending provider reportedly extracted a promise from the applicant to go to the gym at least twice a week.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership (duration unspecified) QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine's Occupational Medicine (ACOEM) Practice Guidelines, 2nd Edition (2004) pg 114 Official Disability Guidelines-Treatment in Workers' Compensation 2012 www.odgtreatment.com

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

Decision rationale: 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 sought by the attending provider, thus, per ACOEM, is an article of applicant responsibility as opposed to an article of payer responsibility. Therefore, the request is not medically necessary.