

Case Number:	CM14-0166463		
Date Assigned:	10/13/2014	Date of Injury:	06/26/2010
Decision Date:	11/17/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/09/2014

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 low back pain, leg pain and shoulder pain reportedly associated with cumulative trauma at work first claimed on June 26, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; earlier left knee surgery; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated September 22, 2014, the claims administrator denied a request for a gym membership. In a progress note dated July 24, 2014, the applicant reported persistent complaints of sinus congestion. The applicant was asked to obtain CT scan to evaluate issues with chronic sinusitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym Membership x 6 months: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338. Decision based on Non-MTUS Citation Official Disability Guidelines: Lumbar Chapter: Gym memberships

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 being sought here, thus, per ACOEM, is an article of the applicant responsibility as opposed to an article of payor responsibility. The attending provider did not furnish any compelling applicant-specific rationale which would offset the unfavorable ACOEM position on the article at issue. Therefore, the request is not medically necessary.