MAXIMUS Federal Services

Case Number:	CM14-0177216		
Date Assigned:	10/30/2014	Date of Injury:	12/21/2011
Decision Date:	12/05/2014	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	10/27/2014

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 Family Medicine and is licensed to practice in Florida. 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 is 56-year-old male who suffered an industrial injury on 12/21/2011 when he fell from a forklift. His current diagnoses include: Chronic pain syndrome, major depression, myofascial pain syndrome, right shoulder rotator cuff syndrome, lumbar disc protrusion at L2/L3 and disc bulge at L4/L5 with foraminal narrowing, lumbar facet hypertrophy at L3/L4, L4/L5, left sided 5th-7th rib healed fractures with intercostal neuralgia, status post traumatic left hemithorax. He has been treated with medications that include narcotics, antidepressants, muscle relaxants, and NSAIDS (Nonsteroidal Anti-inflammatories.) He has also been treated with physical therapy, a home exercise program, and psychotherapy. It was advised in 6/2014 that he return to work with weight lifting restrictions. A utilization reviewer did not certify a request for a 1-year gym membership. Likewise, an Independent Medical Review was requested to determine the medical necessity of this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership for 1 year: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical

Evidence: American Academy of Family Physicians. Which Weight-Loss Programs Are Most Effective? Am Fam Physician. 2012 Aug 1;86(3):280-282.

Decision rationale: The California MTUS guidelines, ODG, and ACOEM are all silent on the issue of gym memberships. There are no substantial studies available that compare physical results achieved in the gym setting versus the home setting that are well recognized by the leading medical authorizes in primary care. This patient can continue his exercise efforts in the home setting just as well as in in the gym setting. This request for a year's gym membership is considered not medical necessary.