

Case Number:	CM14-0185005		
Date Assigned:	11/12/2014	Date of Injury:	09/20/2007
Decision Date:	12/19/2014	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/06/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and 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 a 44 year old female who was injured on 9/20/2007. The diagnoses are bilateral knees, hips and low back pain. There are associated diagnoses of insomnia and obesity. There is a past surgical history of left knee reconstructive surgery. On 10/31/2014, [REDACTED] noted subjective complaint of average pain score of 4/10 on a scale of 0 to 10. There were objective findings of lumbar paraspinal tenderness and decreased range of motion of the lumbar spine, hips and knees. There is decreased sensation along the L5 dermatomes. The muscle strength and reflexes was reported as normal. The patient was recently approved for additional physical therapy. The medications are not listed. The patient was referred to pain management. The future follow up appointment was not scheduled but noted to be on as needed basis. A Utilization Review determination was rendered on 10/21/2014 recommending non certification for 1 year Gym membership.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym Membership x1 year: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Gym Memberships

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and ODG guidelines recommend that only exercise programs that can be supervised by medical professionals be utilized in the treatment of musculoskeletal pain to enable targeting of specific treatment parameters. Supervised programs will also allow for modifications of therapy and other treatment modalities. The guidelines did not recommend the utilization of unsupervised gym based exercised programs. The records indicate that the patient was recently approved for supervised physical therapy. The guidelines recommend that patients graduate to home based exercise program after supervised physical therapy. The criteria for a 1 year Gym membership were not met and thus, the request is not medically necessary.