MAXIMUS Federal Services

Case Number:	CM14-0022399		
Date Assigned:	05/12/2014	Date of Injury:	06/22/2007
Decision Date:	07/10/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	02/22/2014

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 General Surgery, and is licensed to practice in Texas. 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 58 year old female with a date of injury of 6/22/2007. Per 2/5/2014 progress report ([redacted]), the patient had neck pain radiating to the bilateral upper extremities, low back pain that travels into the left hip and left lower extremity, and numbness in the right pinky toe. The patient described the 7/10 neck pain as sharp and pulling radiating to bilateral upper extremities with the fingers and lower arms occasionally going numb. Diagnoses were degeneration of cervical intervertebral disc and lumbar disc degeneration. The cold weather aggravates the pain. Heat, medication, and water therapy relieve the pain. Medications include allopurinol, Alprazolam, amlodipine, Kadian, Lidoderm 5% topical, metformin, pantoprazole, Pennsaid 1.5% topical, Percocet, Senokot, simvastatin, Soma, trazodone, Voltaren topical 1%, whey protein powder, Zanaflex, and zolpidem. Recommendations were to continue current medications and gym membership renewal.

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE OF RENEWAL OF GYM MEMBERSHIP FOR 6 MONTHS: 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) Neck and Upper back (Acute & Chronic), Exercise.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper back (Acute & Chronic), Exercise.

Decision rationale: Regarding gym memberships, none of the ACOEM chapters or the California Chronic Chronic Pain Medical Treatment Guidelines contain any mention of gym programs or membership. Further, the Official Disability Guidelines state, " While a home exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment, may not be covered under this guideline." A gym membership is not the same as exercise, thus it is not medically necessary.