

Case Number:	CM14-0023281		
Date Assigned:	05/14/2014	Date of Injury:	01/05/2009
Decision Date:	07/10/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/24/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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:

This patient is a 44-year-old male with 01/05/2009 date of injury. Per treating physician's report, 12/05/2013, the patient presents with low back pain across the low back that radiates into the groin down the right leg and foot with numbness and tingling in the right leg. Neck pain is stiff and aching radiating into both shoulder blades with numbness and tingling in both hands, right shoulder still hurts. Range of motion varies. List of diagnoses are 1. Musculoligamentous sprain of the lumbar spine with radiculitis. 2. Disk bulge osteophyte. 3. Musculoligamentous sprain of the cervical spine with right upper extremity radiculitis. 4. Internal derangement of right shoulder, tendonitis. 5. Right S1 radiculopathy. 6. Bulging disk at C5-C6 and C6-C7. 7. Carpal tunnel syndrome, bilateral wrist. 8. Status post lumbar epidural steroid injection. Treatment recommendations were for medical supervised weight loss program with [REDACTED] until the patient losses 70 pounds. The agreed medical evaluation (AME) report from 06/14/2012 apparently recommended [REDACTED] medically supervised weight loss program and a one-year gym membership. Gym membership was recommended to increase range of motion and for strengthening of the neck, low back, and right shoulder. The patient was to continue inversion table, waiting authorization to schedule consultation with neurologist regarding headaches, continue cyclobenzaprine, Motrin, and tramadol. The patient is currently not working. The 12/30/2013 report just asked the patient to continue medications, no weight is documented. The 08/08/2013 report states the patient is not receiving therapy, no work, under treatment plan awaiting gym membership and medically supervised weight loss program with [REDACTED] The 11/12/2013 report does not document the patient's weight or body mass index (BMI).

IMR ISSUES, DECISIONS AND RATIONALES

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

GYM MEMBERSHIP X 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 Official Disability Guidelines (ODG), Gym Membership (Shoulder & Low Back).

Decision rationale: This patient presents with chronic neck, low back, and shoulder pains. The request is for gym membership one year per AME recommendations. ODG Guidelines provides discussion regarding gym membership and states it is "not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment." In this case, the treating physician does not document a specific need for equipment that would be essential for this patient's effective exercise program. There is no documentation that the patient is not able to perform home exercise program. Recommendation is not medically necessary.

████████████████████ **UNTIL THE PATIENT LOSES 70 LBS:** 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 AETNA Guidelines on Weight loss program:(http://www.aetna.com/cpb/medical/data/1_99/0039.html).

Decision rationale: This patient presents with chronic neck, low back, and shoulder pains. The treating physician has asked for ██████████ medically supervised weight loss program until the patient loses 70 pounds. ODG Guidelines and MTUS do not specifically discuss weight loss program. When consulting Aetna Guidelines on weight loss program, up to combined limited 26 individual or group visits over 12 months are considered medically necessary for weight reduction counseling and adults who are obese defined by BMI greater than 30. In this request, there is no specific number of visits requested. The progress reports do not document the patient's BMI or current weight and height. The treating physician has asked for an open-ended medically supervised ██████████ weight loss program until such time that the patient losses 70 pounds. This request is not reasonable. Aetna Guidelines recommend a specific number of individual or group visits over 12-month period. Recommendation is not medically necessary.