

Case Number:	CM14-0027111		
Date Assigned:	06/13/2014	Date of Injury:	11/22/1977
Decision Date:	07/15/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/27/2014

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 Physical Medicine and Rehabilitation, and Pain Medicine, 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 injured worker is a 63 year old female who was injured on 11/22/77; the mechanism of injury was not provided for review. Current diagnoses included cervical pain and radiculopathy. A clinical note dated 1/15/14 indicated that the injured worker presented complaining of bilateral neck pain with myofascial trigger points with 70-80% decrease in axial pain and improvement in neck pain following thermal radiofrequency ablation. The injured worker was taking Synovacin for facet joint pain and inflammation due to history of gastric bypass surgery and thermal radiofrequency ablation, both contraindications for non-steroidal anti-inflammatory drug use. The injured worker is requesting advancement with her independent gym program at [REDACTED]. Objective findings included myofascial trigger points but much less painful, negative Spurling bilaterally, paraspinal muscle spasm bilaterally, decreased range of motion, strength 5/5 of upper extremities, reflexes 2+ bilaterally, sensation normal to bilateral upper extremities, vertebral spine tenderness in paraspinal muscles.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 YEAR GYM MEMBERSHIP TO [REDACTED]: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG).

Decision rationale: Gym memberships are 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. Plus, treatment needs to be monitored and administered by medical professionals. With unsupervised programs there is no information flow back to the provider, so he or she can make changes in the prescription, and there may be risk of further injury to the injured worker. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment, and are therefore not covered under these guidelines. As such, the request is not medically necessary.