

Case Number:	CM14-0027359		
Date Assigned:	06/13/2014	Date of Injury:	08/30/2012
Decision Date:	07/16/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	03/03/2014

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 Occupational 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 47 year old female whose date of injury is 08/30/2012. On this date she was opening a file cabinet which subsequently fell onto her. She fell on the ground and developed pain in the neck, low back, upper extremities and left knee. Visit note dated 09/20/13 indicates that she complains of neck, bilateral upper extremity and low back pain. She has completed 5 weeks of a functional restoration program. She notes she tried to continue her home exercise program as much as possible and these exercises were beneficial. Diagnoses are sprain/strain of neck and lumbar region. Functional restoration program discharge summary dated 11/05/13 indicates that she has been instructed in a home exercise program and understands how to self-progress. Visit note dated 01/17/14 indicates that her pain complaints are approximately the same.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 MONTH GYM MEMBERSHIP: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98.

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

Decision rationale: Based on the clinical information provided, the request for 6 month gym membership is not recommended as medically necessary. The Official Disability Guidelines note that 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. The submitted records fail to document that a home exercise program has been ineffective or that there is a need for equipment. The Official Disability Guidelines generally do not recommend gym memberships as there is a lack of information flow back to the provider, and there is risk of further injury to the injured worker.