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| Case Number: | CM14-0031074 | | |
| Date Assigned: | 03/21/2014 | Date of Injury: | 12/09/1996 |
| Decision Date: | 06/06/2014 | UR Denial Date: | 03/03/2014 |
| Priority: | Standard | Application Received: | 03/11/2014 |

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 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:

The applicant has filed a claim for chronic regional pain syndrome, depression, anxiety, and chronic low back pain reportedly associated with an industrial injury of December 9, 1996. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; earlier intrathecal pain pump; and opioid therapy. In a Utilization Review Report of March 3, 2014, the claims administrator denied a request for a gym membership, citing Chapter 13 ACOEM Guidelines. The applicant's attorney subsequently appealed. In a January 27, 2014 progress note, the applicant was described as reporting persistent low back pain and swelling status post multiple spine surgery. The applicant states that earlier membership to [REDACTED] was beneficial so that she could do water therapy. The gym membership has since been rescinded, it has been stated. The applicant is on Dilaudid, Soma, Zestril, Lyrica, estrogen, AcipHex, Tenormin, Lasix, hydrochlorothiazide, Levoxyl, Zestril, Lyrica, and Zantac, it is stated. The applicant is having issues with anxiety and depression, it is further noted. A gym membership was sought. Dilaudid was renewed. The applicant's work status was not detailed; however, it did not appear that the applicant was working.

IMR ISSUES, DECISIONS AND RATIONALES

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

GYM MEMBERSHIP, 6 MONTH TRIAL: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation California Medical Treatment Utilization Schedule, Knee Complaints, Initial Care.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 5, page 83, to achieve functional recovery, applicants must assume certain responsibility, one of which is to adhere to and maintain exercise regimens. In this case, thus, the gym membership being sought by the attending provider represents what ACOEM deems a matter of applicant responsibility as opposed to a matter of payer responsibility. It is further noted that gym membership is being sought largely for reasons of personal convenience and that no clear rationale as to why the applicant could not perform home exercises independently was provided. Therefore, the request is not medically necessary.