

Case Number:	CM14-0032401		
Date Assigned:	06/20/2014	Date of Injury:	05/20/1998
Decision Date:	08/06/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	03/14/2014

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 is a represented [REDACTED] employee who has filed a claim for reflex sympathetic dystrophy of the upper extremity, fibromyalgia, chronic neck pain, chronic shoulder pain, and bilateral wrist pain reportedly associated with an industrial injury of May 20, 1998. Thus far, the applicant has been treated with the following: Analgesic medications; bilateral shoulder arthroscopy; bilateral carpal tunnel release surgery; a spinal cord stimulator implantation; earlier three-month gym membership; H-Wave device; and extensive periods off work. In a Utilization Review Report dated February 24, 2014, the claims administrator did not grant a request for a gym membership, stating that the applicant had failed to improve with the previously provided gym membership in 2012. The claims administrator did not incorporate or cite non-MTUS Official Disability Guidelines into its rationale it is incidentally noted. The applicant's attorney subsequently appealed. It appears that the gym membership in question may have been requested through handwritten notes of February 11, 2014, January 9, 2014, and/or December 17, 2013. These notes were extremely difficult to follow. The applicant presented with elbow pain, reflex sympathetic dystrophy and fibromyalgia, on these occasions. OxyContin, meloxicam, and Norco were renewed while the applicant was kept off work. The notes were not clear and extremely difficult to follow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym Membership: 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): Gym memberships.

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

Decision rationale: The MTUS adopted ACOEM Guidelines in Chapter 5, page 83, to achieve functional recovery, applicants must assume certain responsibilities, one of which is to adhere to and maintain exercise regimens. In this case, then, the gym membership being sought by the attending provider has been deemed, per ACOEM Guidelines, to represent an article of applicant responsibility as opposed to an article of payer responsibility. Accordingly, the request is not medically necessary.