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| Case Number: | CM14-0033643 | | |
| Date Assigned: | 06/20/2014 | Date of Injury: | 05/15/1999 |
| Decision Date: | 07/18/2014 | UR Denial Date: | 02/13/2014 |
| Priority: | Standard | Application Received: | 03/17/2014 |

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, 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:

The patient is a 51-year-old male with a date of injury of 05/15/1999. The listed diagnoses per [REDACTED] are: 1. Chronic pain syndrome; 2. Depression; 3. Functional impairment. According to progress report 12/17/2013 by [REDACTED], the patient presents with "severe pain bilaterally (illegible) scapular." Subjective complaints noted "no upper extremity or lower extremity radiating pain." Objective findings included lumbar limited ROM. This is the extent of the physical examination. On 01/28/2014, the patient reported slight to moderate pain depending on what he was doing. The patient uses hydrocodone on occasion for his pain. The treater requested gym membership for 12 months. Utilization review denied the request on 02/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym Membership Quantity 12 Months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. 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) ODG guidelines have the following regarding Gym membership (knee).

Decision rationale: This patient presents with chronic pain syndrome and complains of lower and upper back pain. Progress reports indicate the patient is attending the gym regularly. The physician recommends continuation of gym program and requests gym membership for 12 months. Regarding gym membership, ODG Guidelines only allow in cases where a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. In addition, treatment needs to be monitored and administered by medical professionals. In this case, the physician has asked for a 12 month gym membership but there is no explanation as to why the patient is not able to exercise at home, and what specific equipment needs the patient has. The request is not medically necessary.