MAXIMUS Federal Services

Case Number:	CM14-0037162		
Date Assigned:	06/25/2014	Date of Injury:	06/15/2000
Decision Date:	09/17/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/27/2014

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 & Rehabilitation 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 54-year-old female who has submitted a claim for bilateral cervical sprain associated with an industrial injury date of June 15, 2000. Medical records from 2014 were reviewed. The patient complained of persistent neck pain radiating to the arm. No physical examination result was included in the documentation submitted. Treatment to date is not included in records submitted as well. Utilization review, dated February 28, 2014, denied the request for Gym membership for 1 year because there was no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership 1 year: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines.

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

Decision rationale: The CA MTUS does not address the topic of gym membership specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial

Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Gym Memberships was used instead. It states that gym memberships are not recommended as a medical prescription unless the documented home exercise program has been ineffective and there is a need for specialized equipment; treatment needs to be monitored and administered by medical professionals. In this case, gym membership for 1 year was requested because the patient has continued to improve from it. However, there is no discussion concerning a need for specialized equipment. Furthermore, there was no discussion whether treatment will be monitored or administered by a health professional. There was no evidence that the home exercise program was ineffective. The medical necessity for a gym membership has not been established. Therefore, the request for Gym membership 1 year is not medically necessary.