

Case Number:	CM14-0038073		
Date Assigned:	06/25/2014	Date of Injury:	05/06/2011
Decision Date:	07/29/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/01/2014

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 posttraumatic stress disorder (PTSD) and chronic low back pain reportedly associated with an industrial injury of May 6, 2011. The applicant has been treated with the following: Analgesic medications; psychological counseling; transfer of care to and from various providers in various specialties; psychotropic medications; and extensive periods of time off of work. It appears that the applicant subsequently took a medical retirement, it is incidentally noted. In a March 3, 2014 letter/progress note/appeal, the attending provider sought authorization for psychological counseling for posttraumatic stress disorder, a certified trainer, and a gym membership. The attending provider posited that a gym membership could help the applicant control weight gain identified as a result of lack of exercise associated with the injuries. The attending provider thought that a gym membership would help the applicant lose weight. The attending provider stated that the gym membership could prevent the applicant from aggravating his multifocal pain complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership with personal trainer: 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) Low back chapter.

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

Decision rationale: As noted in the American College of Occupational and Environmental Medicine (ACOEM) Guidelines in Chapter 5, page 83, to achieve functional recovery, employees must assume certain responsibilities, one of which is to adhere to and/or maintain exercise regimens. In this case, the gym membership and personal trainer being sought by the attending provider, thus, have been deemed, per ACOEM, to be articles of applicant responsibility as opposed to articles of payor responsibility. Therefore, the request is not medically necessary.