

Case Number:	CM14-0038834		
Date Assigned:	06/27/2014	Date of Injury:	02/10/1987
Decision Date:	08/05/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	04/02/2014

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 chronic low back pain and chronic obstructive pulmonary disease (COPD) reportedly associated with an industrial injury of February 10, 1987. Thus far, the applicant has been treated with the following: Analgesic medications; a cane; and the apparent imposition of permanent work restrictions. It did not appear that the applicant is working with said limitations in place. In a Utilization Review Report dated March 7, 2014, the claims administrator denied a request for gym program with pool therapy for one year. The applicant's attorney subsequently appealed. A February 24, 2014 progress note is notable for comments that the applicant had persistent complaints of low back pain and COPD. The applicant had reportedly lost lot of weight and was moving better. The applicant was nevertheless using a cane to move about. Tylenol, Lidoderm patches, and Voltaren gel were endorsed. A gym membership was requested to improve the applicant's function.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym program with pool therapy x year QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine/Aquatic Therapy Page(s): 96-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation, Lumbar spine, gym memberships.

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 responsibilities, one of which includes maintaining and adhering to exercise regimens. Thus, the gym membership being sought by the attending provider has been deemed, per ACOEM, an article of applicant responsibility as opposed to an article of payor responsibility. Therefore, the request is not medically necessary.