

Case Number:	CM14-0048794		
Date Assigned:	06/25/2014	Date of Injury:	12/28/2011
Decision Date:	08/14/2014	UR Denial Date:	03/11/2014
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 and Rehabilitation and is licensed to practice in Nevada. 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 injured worker is a 51 year-old male who was reportedly injured on 12/28/2011. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated 2/25/2014, indicated that there were ongoing complaints of bilateral shoulder pains, left elbow pain, low back pain, and bilateral knee pains. The physical examination demonstrated bilateral shoulder positive tenderness to palpation of the anterior aspect of the shoulder and left elbow and positive tenderness to palpation at the left olecranon process. Lumbar spine was also positive tenderness to palpation of the lumbar spine. Bilateral knees had full range of motion and no swelling and positive tenderness to the lateral aspect of both knees to palpation at the femoral condyle. Reflexes were 2+ at the knees and one plus of the ankles bilaterally. Diagnostic imaging studies included an electromyogram bilateral lower extremities performed on 2/25/2014, which revealed normal study. Previous treatment included physical therapy, acupuncture, medications and conservative treatment. A request had been made for gym membership with aquatic therapy #12 months and was not certified in the pre-authorization process on 3/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership with aquatic therapy QTY 12 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Evidence citations for gym memberships with aquatic therapy. Decision based on Non-MTUS

Citation Official Disability Guidelines- TWC Hip and Pelvis Procedure Summary last updated 12/9/2013.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic).

Decision rationale: According to the Official Disability Guidelines, a gym membership is not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revision has been found to not be effective and there is need for specific gym equipment. Additionally, such a program needs to be administered, attended, and monitored by medical professionals. As there is no documentation in the attached medical record addressing these issues, this request for a gym membership is not medically necessary.