

Case Number:	CM14-0052608		
Date Assigned:	07/07/2014	Date of Injury:	03/18/2013
Decision Date:	08/29/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/21/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 50-year-old male patient with a 03/18/13 date of injury. The mechanism of injury is the patient was driving a truck while working and was hit by a car, after which the patient lost consciousness. Initially, the patient's head CT showed small intracranial hemorrhage. He had surgery to repair a right periorbital fracture. MRI's of the spine on August 12, 2013 showed a small fracture at T5 and epidural hematomas at T5-6 and L4-5, and L5-S1 with mild spinal stenosis. The 10/23/13 left shoulder MRI showed tearing of the subscapularis and supraspinatus, and adhesive capsulitis; the right knee MRI showed a meniscal tear. The 3/26/14 progress note indicates that the patient reports level 3 pain in the low back, right leg/foot and left arm/hand pain, level 2 pain in the neck, level 1 pain in the left leg/foot, and headaches. Objective exam notes decreased range of motion in the spine and left extremity, possible radicular symptoms in the right extremity. Diagnostic impression shows head injury, internal derangement right knee, internal derangement left shoulder, cervical and lumbar spine disc degenerative disease, and psychiatric complaints. Treatment to date includes surgical repair of the periorbital fracture, in-patient rehabilitation, thoracolumbosacral orthosis (TLSO) brace, physical therapy, and work restriction. A UR decision dated 3/19/14 denied the request for a gym membership for 6 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership for 6 months: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 299, 301, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

Decision rationale: The Official Disability Guidelines do not recommend gym memberships for injured patients unless a documented home exercise program with periodic assessment and revision has not been effective. However, this is not the case here. There is also no indication that there is a need for equipment. Moreover, gym memberships are not considered medical treatment. There is no evidence that the program will be administered and monitored by medical professionals. The request is also not for a specific set of activities for a prescribed period of frequency and time per activity. Therefore, the request is not medically necessary.