

Case Number:	CM14-0054501		
Date Assigned:	07/07/2014	Date of Injury:	04/10/2013
Decision Date:	09/30/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/23/2014

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 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 injured worker is a 52 year-old male who reported an injury on 04/10/2013 due to a motor vehicle accident. His diagnoses included hypertension, left ventricular hypertrophy with diastolic function, squamous cell carcinoma, solar elastosis, sleep apnea, GERD, asthma, bilateral carpal tunnel syndrome, bilateral shoulder impingement internal derangement of the right knee, vertebral artery dissection, vertebral aneurysm, sexual dysfunction, persistent dizziness/lightheadedness, blurred vision, memory problems, and cervical and lumbar discopathy. His past treatments included medications, conservative care, physical therapy, and a home exercise program. His diagnostic studies included MRIs of the lumbar spine, thoracic spine and the right knee on 06/04/2013. On 11/06/2013, the injured worker stated that he was not interested in participating in a weight loss program due to the lack of ability to concentrate. The injured worker stated that he had not had a syncopal attack. The physical examination findings included his weight was 300 pounds, blood pressure was 150/96, he had expiratory wheezing throughout all lung fields, a regular heart rate and rhythm, abdomen was soft, non-tender and without hepatosplenomegaly or masses, and there were positive Tinel's signs in the bilateral upper extremities. His medications included Hydrochlorothiazide, Lotensin, and Protonix. The treatment plan was for medications, a [REDACTED] diet for 12 weeks, and a one-year gym membership for exercise. The rationale and request for authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Year Gym Membership: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment for Workers' Compensation- Shoulder Procedure Summary Tricare Guidelines, Policy Manual 6010.54.

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

Decision rationale: The request for a one year gym membership is not medically necessary. The injured worker has a history of low back pain, dizziness, light headedness, blurred vision, memory problems, and weight gain. The injured worker has been treated with medications, conservative care, physical therapy, and a home exercise program. The Official Disability Guidelines state that gym memberships are not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective. With unsupervised programs, there is no information flow back to the provider so he or she can make changes in the prescription, and there may be risk of further injury to the patient. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment, and are therefore not covered. There is no documentation within the medical record to address whether the injured worker has had a lack of progress or improved physical function with a structured a home exercise program. Additionally, the guidelines do not recommend unsupervised programs as the injured worker could sustain further injury when there is no exchange of information regarding the injured worker's adaptation and functional ability while in the gym environment. As such, the request is medically unnecessary.

██████████ **For 12 Weeks:** Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Medical Disability Advisor by Presley Reed, MD. Obesity.

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

Decision rationale: The request for participation in a ██████████ program for 12 weeks is not medically necessary. The injured worker has a history of low back pain, dizziness, light headedness, blurred vision, memory problems, and weight gain. The injured worker has been treated with medications, conservative care, physical therapy, and a home exercise program. The Official Disability Guidelines state that reduction of obesity and an active lifestyle can have major benefits. There is no evidence within the clinical presentation to support that the injured worker has actively been involved in basic weight loss efforts such as calorie counting or monitoring carbohydrate or fat intake. In addition, there is no documentation that reflects whether the injured worker's functional ability has progressed or if the pain level has improved. As such the request is not medically necessary.

