MAXIMUS Federal Services

Case Number:	CM14-0055391		
Date Assigned:	09/05/2014	Date of Injury:	03/17/1999
Decision Date:	10/08/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	04/24/2014

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 Medicine, and is licensed to practice in Florida. 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 56-year-old male who reported an injury on 03/17/1999 due to an industrial injury. The injured worker complained of knee, back, and elbow pain. The diagnoses included a medial meniscus tear, unspecified knee; a meniscus lateral knee tear; olecranon or bursitis; spinal stenosis to the lumbar, osteoarthrosis to the lower leg; unspecified thoracic/lumbar neuritis/radiculitis; adhesive capsulitis to the shoulder, unspecified; chronic pain syndrome; and anxiety. The objective findings dated 06/11/2014 of the left knee revealed anteromedial aspect at the level of the joint line with radiation to the patellofemoral joint and occasionally the lateral joint line with pain a 4/10 being least and a 6/10 being the worst. Symptoms are stable with treatment. The examination of the left shoulder revealed pain to the superior aspect of the shoulder which radiated to the mid deltoid. The examination of the left elbow revealed persistent pain to the dorsal aspect of the level from previous surgery. Agitating factors were bending, reaching up, twisting, and turning. Alleviating factors were pain medication, cooler machine and TENS Unit. The medications included Cymbalta 30 mg, Percocet 7.5/325, Xanaflex 4 mg, Motrin 800 mg, and Valium 10 mg. The examination of the lumbar spine revealed a midline scar from prior surgery, palpable defect to the mid scar, tenderness to the pelvic brim and junction bilaterally, slight right sciatic notch tenderness extension and rotation bilaterally at the isilateral junction. Discomfort with range of motion forward flexion 70 degrees, extension 15 degrees, and rotation 25/25 degrees. The treatment plan included request explanation for the quality of the utilization review, continue medications, common sense precautions in activities, monitor pain, return to work on 07/16/2014, and followup office visit in 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 month gym membership for aquatic at [redacted] between 3/24/2014 and 4/14/2015.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Official Disability Guidelines Low Back Chapter

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

Decision rationale: The request 12 month gym membership for aquatic at [redacted] between 3/24/2014 and 4/14/2015 is not medically necessary. The Official Disability Guidelines do not recommend gym memberships as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. The treatment needs to be monitored and administered by medical professionals. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment, and are therefore not covered under these guidelines. As such, the request is not medically necessary.