MAXIMUS Federal Services

Case Number:	CM14-0059734		
Date Assigned:	07/09/2014	Date of Injury:	11/09/2011
Decision Date:	10/02/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	04/29/2014

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 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, knee pain, mid back pain, elbow pain, and neck pain reportedly associated with an industrial injury of November 9, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; earlier knee surgery; and unspecified amounts of physical therapy over the life of the claim. In a Utilization Review Report dated March 16, 2014, the claims administrator denied a request for a gym membership, invoking non-MTUS Third Edition ACOEM Guidelines and non-MTUS ODG guidelines. The applicant's attorney subsequently appealed. In a March 17, 2014 progress note, the applicant presented reporting persistent complaints of knee pain with stiffness. The applicant did report pain with squatting, kneeling, and other activities. The applicant exhibited a limp. The applicant had received a recent viscosupplementation injection, it was acknowledged. Further viscosupplementation injections, home exercises, and permanent work restrictions were endorsed. The applicant's work status was not clearly furnished on this occasion, although it did not appear that the applicant was working. In an earlier note dated November 4, 2013, the applicant was placed off of work, on total temporary disability. In a handwritten progress note dated August 13, 2013, somewhat difficult to follow, not entirely legible, the applicant was asked to continue exercises at home and/or via a gym.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines Gym membership

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 adhering to and maintaining exercise regimens. The gym membership being sought by the attending provider, thus, is, per ACOEM, an article of applicant responsibility as opposed to an article of payer responsibility. It is further noted that the attending provider has not set forth any statement as to why the applicant cannot perform home exercises independently, of his own accord. Therefore, the request is not medically necessary.