

Case Number:	CM14-0069430		
Date Assigned:	07/14/2014	Date of Injury:	05/09/2002
Decision Date:	10/27/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/14/2014

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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back, knee, and shoulder pain reportedly associated with an industrial injury of May 9, 2002. Thus far, the applicant has been treated with the following: Analgesic medications; earlier shoulder surgery; earlier knee surgery; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated May 8, 2014, the claims administrator denied a request for a gym membership. The report was somewhat difficult to follow and seemingly stated that the applicant was off of work in one section of the report while another section of the report suggested that the applicant was not working. The applicant's attorney subsequently appealed. In an April 23, 2014 progress note, the applicant reported persistent complaints of low back pain, knee, and lower extremity pain. Synvisc injections are pending. The applicant exhibited a normal gait despite knee crepitation. A gym membership was sought. The applicant was asked to follow up on an as-needed basis.

IMR ISSUES, DECISIONS AND RATIONALES

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

(6) months gym membership: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 to exercise regimens. The gym membership being sought by the attending provider, thus, per ACOEM, is an article of applicant responsibility as opposed to an article of payer responsibility. No compelling applicant-specific rationale or medical evidence was attached to the request for authorization so as to offset tepid-to-unfavorable ACOEM position on the article at issue. Therefore, the request is not medically necessary.