

Case Number:	CM14-0077915		
Date Assigned:	07/18/2014	Date of Injury:	11/09/2010
Decision Date:	09/08/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	05/02/2014

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 has a subspecialty in Pain Medicine and is licensed to practice in New York and Texas. 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 58 year old male who sustained injuries to his head and neck on 11/09/10 while working with some farm equipment when an engine with gear shaft fell on his head. The injured worker had an unknown loss of consciousness and was complaining of neck pain. He was taken to the emergency room, evaluated and diagnosed with quadriparesis. Magnetic resonance image of the cervical spine without contrast dated 11/09/10 revealed superimposed disc disease with congenitally small spinal canal; moderate to severe spinal stenosis at C3-4; moderate stenosis at C4-5 and C5-6; subtle edema signal changes within C3-4 are suspicious for cord contusion. A clinical note dated 03/18/14 reported that the injured worker stated his overall medication is helping. A qualified medical examination dated 01/17/14 reported that the injured worker continues to participate in a fitness program and community pool program. He has an assigned recreation room to himself for playing his music, lighting incense and participating in drumming. It was noted that the injured worker experienced little improvement in his symptomatology with psychotropic treatment from a psychological perspective; however, he has still not been able to fully benefit from psychotherapeutic interventions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym/Pool membership for 1 year per 03/04/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.odgtwc.com/odgtwc/low_back.htm#Gymmemberships:Gym memberships.

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 chapter, Gym memberships.

Decision rationale: There was no evidence of prior attendance or objective evidence of functional improvement from previously reported gym use. There has been no documentation of current functional goals supporting a gym/pool membership. The Official Disability Guideline states "while an individual exercise program is recommended, more elaborate personal care when outcomes are not monitored by health professional, such as gym memberships or advanced home exercise equipment may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for injured workers who need more supervision. 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 injured worker." Given this, the request for gym/pool membership for one year per 03/04/14 is not medically necessary.