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| Case Number: | CM14-0078977 | | |
| Date Assigned: | 07/18/2014 | Date of Injury: | 07/31/2008 |
| Decision Date: | 09/19/2014 | UR Denial Date: | 05/06/2014 |
| Priority: | Standard | Application Received: | 05/29/2014 |

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 55-year-old female who reported an injury on 07/31/2008. The mechanism of injury was not provided with the documentation. The injured worker's diagnosis was noted to be cervical spine sprain/strain. Radiculopathy was ruled out. Prior treatments were noted to be a home exercise program and medications. The injured worker had a clinical evaluation with subjective complaints of increased pain in the left knee, associated with swelling. She was having difficulty walking. The objective findings revealed mild swelling over the left knee. There was pain to palpation in the joint lines. McMurray's was negative. The treatment plan is for supervised formal pool therapy for the cervical/lumbar spine. The provider's rationale, nor the request for authorization were included.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Year Gym Membership: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG.

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 Membership.

Decision rationale: The Expert Reviewer based his/her decision on the Non-MTUS Official Disability Guidelines (ODG) Low Back, GYM Membership. The Expert Reviewer's decision rationale: The request for 1 year gym membership is non-certified. 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 documentation submitted for review does not support an ineffective home exercise program with periodic assessments and revisions. Therefore, the request for 1 year gym membership is not medically necessary.

Weight Loss Program x 10 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG.

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

Decision rationale: The Expert Reviewer based his/her decision on the Non-MTUS Official Disability Guidelines (ODG) Diabetes, Lifestyle modifications. The Expert Reviewer's decision rationale: The Official Disability Guidelines recommend a lifestyle modification of diet and exercise as a first line intervention. Modified diet and an active lifestyle can have major benefits. The documentation provided does not indicate the injured worker has tried and failed with personal diet and lifestyle modifications to warrant enrollment in a structured weight loss program. Therefore, the request for weight loss program x10 weeks is not medically necessary.