

Case Number:	CM14-0090662		
Date Assigned:	07/23/2014	Date of Injury:	07/09/2007
Decision Date:	09/30/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/16/2014

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 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:

Medical Records reflect the claimant is a 50 year old male who sustained a work injury dated 7-9-07. It is noted the claimant has rheumatoid arthritis/rheumatoid arthropathy associated to his work injury. The claimant has been treated with medications and topical medications. Office visit from 3-4-14 notes that this claimant is off work on total temporary disability and has issues with poor energy, fatigue and multifocal body pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership for 1 year: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 83.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar spine chapter - Gym membership.

Decision rationale: The Expert Reviewer based his/her decision on the Non-MTUS Official Disability Guidelines (ODG) Lumbar spine chapter - Gym membership. The Expert Reviewer's decision rationale:ODG reflects that Gym memberships are not recommended 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. Plus, treatment needs to be monitored and administered by medical professionals. While an individual exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a 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 patients 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 patient. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment, and are therefore not covered under these guidelines. Based on the records provided, there is an absence in documentation noting that this claimant cannot perform a home exercise program or why he requires a gym membership to exercise. Therefore, the medical necessity of this request is not established.

Walking poles: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288.

Decision rationale: The Expert Reviewer based his/her decision on the MTUS ACOEM Practice Guidelines, Chapter 12 Low Back Complaints, page 288. The Expert Reviewer's decision rationale: ACOEM Chapter 12, page 288 notes that "maintaining ordinary activities, as tolerated, leads to the most rapid recovery. In this case, it is unclear why the claimant needs walking poles to move around." There is an absence in documentation noting that this claimant cannot ambulate or that he requires walking poles. It is noted this claimant has normal neurologic exam, no new joint swelling. Therefore, the medical necessity of this request is not established.