

Case Number:	CM14-0091247		
Date Assigned:	07/25/2014	Date of Injury:	11/27/1986
Decision Date:	09/08/2014	UR Denial Date:	05/28/2014
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 Anesthesiology, has a subspecialty in Pain Medicine 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:

The injured worker is a 59 year-old female whose date of injury is 11/27/1986. The mechanism of injury is not described. Follow-up report dated 05/15/14 indicates that the injured worker is in a wheelchair. She has a difficult time with sitting up or using her legs. Straight leg raising is positive bilaterally at 60 degrees. There is motor weakness in both ankles. Diagnoses are noted to include major depressive disorder and post-traumatic stress disorder.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 month Gym Membership: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back chapter.

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: Based on the clinical information provided, the request for twelve months gym membership for symptoms related to lumbar spine and bilateral lower extremity injury as an outpatient is not recommended as medically necessary. The mechanism of injury is not

described. There is no comprehensive assessment of treatment completed to date or the injured worker's response to treatment submitted for review. There is no indication that a home exercise program has failed or that there is a need for equipment as required by the Official Disability Guidelines. Additionally, the Official Disability Guidelines generally do not support gym memberships as there is no information flow back to the provider, and there may be risk of further injury to the injured worker. Therefore, the request for a 12 month Gym Membership is not medically necessary.