

Case Number:	CM14-0099769		
Date Assigned:	08/01/2014	Date of Injury:	10/02/2011
Decision Date:	09/26/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/30/2014

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 39 year old female whose date of injury is 10/02/2011. She was walking in a freezer when she slipped and fell, landing on her buttocks. The injured worker fell backwards and struck her head on the concrete. Treatment to date includes caudal epidural steroid injection on 06/13/13, cervical MRI, lumbar MRI, EMG/NCV and medication management. Diagnoses are neck sprain/strain, lumbar disc protrusion, lumbar radiculopathy, and bilateral knee internal rotation. Lumbar MRI dated 03/06/14 revealed single level disc disease at L5-S1 contributing to mild lateral recess narrowing. This causes minimal effacement of the transiting S1 nerve roots. No levels of high grade spinal canal or neural foraminal stenosis are noted.

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 & AQUATIC THERAPY ACCESS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM PAGE 229.

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 gym membership for 1 year and aquatic therapy access is not recommended as medically necessary. There is no indication that a home exercise program has been ineffective or that there is a need for equipment as required by the Official Disability Guidelines. Additionally, the Official Disability Guidelines generally do not recommend gym memberships as medical treatment as there is a lack of information flow back to the provider, and there may be risk of further injury to the injured worker.