

Case Number:	CM13-0071539		
Date Assigned:	01/08/2014	Date of Injury:	04/10/2012
Decision Date:	03/27/2015	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	12/27/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 48 year old female, who sustained a work related injury on 4/10/12. The diagnoses have included lumbar region sprain, bilateral shoulder strain, right rotator cuff tendonitis, bilateral sacroiliac joint sprain, lumbar disc bulges, and bilateral knee, right ankle and bilateral wrist sprain. Treatments to date have included oral medications, Voltaren gel, aquatic therapy, chiropractic treatments, acupuncture, physical therapy and modified work duty. In the PR-2 dated 11/21/13, the injured worker complains of "constant pain with ongoing pop, clicks, and weakness" to both shoulders. She also complains of worsening low back pain with pain radiating to both feet. She rates her pain a 5-9/10. She has tenderness to palpation of both shoulders and lumbar spine area. She is working to lose weight. On 12/16/13, Utilization Review non-certified a request for a 6 month gym membership for heated pool access. The California MTUS, Chronic Pain Treatment Guidelines and ODG were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 MONTH GYM MEMBERSHIP FOR HEATED POOL ACCESS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6: p87

Decision rationale: The claimant is nearly 3 years status post work-related injury and continues to be treated for bilateral shoulder and worsening radiating low back pain. Prior treatments had included physical therapy including pool therapy. A gym membership is 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. If a membership is indicated, continued use can be considered if can be documented that the patient is using the facility at least 3 times per week and following a prescribed exercise program. In this case, there is no documentation of a prescribed exercise program or need for specialized equipment. Therefore, the requested gym membership is not medically necessary.