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| Case Number: | CM14-0189354 | | |
| Date Assigned: | 11/20/2014 | Date of Injury: | 09/30/1997 |
| Decision Date: | 01/08/2015 | UR Denial Date: | 10/25/2014 |
| Priority: | Standard | Application Received: | 11/13/2014 |

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 Occupational Medicine and is licensed to practice in California. 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:

In a Utilization Review Report dated October 20, 2014, the claims administrator denied a gym membership while approving a pair of bilateral thumb splint. The claims administrator stated that its decision was based on an October 8, 2014 progress note. In a May 20, 2014 progress note, the applicant reported ongoing complaints of shoulder pain, arm, neck, and low back, ankle, and foot pain, 6/10. The applicant was status post carpal tunnel release surgeries, a left foot plantar fascia release surgery, a right ankle surgery, left thumb arthroscopy, a right thumb ligament reconstruction, and left knee arthroscopy, it was stated. The applicant was unemployed, it was acknowledged. The applicant was not working with permanent limitations in place. The applicant was exercising three to four times a week, with exercise including walking and swimming. The applicant was using Duexis, Dexilant, Keppra, Cymbalta, Hydrochlorothiazide, and Pravachol, it was stated. Multiple medications were renewed. Urine drug testing was endorsed. Permanent work restrictions were also renewed. On October 8, 2014, the applicant reported ongoing complaints of ankle, knee, and shoulder pain, highly variable, 3-7/10. The applicant was not working, it was acknowledged. The applicant stated that she needed a renewal of her gym membership. She stated that she was using the gym membership to exercise in a pool. New ankle braces, wrist splints, and thumb spica splints were all likewise sought. Permanent work restrictions were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown gym membership: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83,Chronic Pain Treatment Guidelines Physical Medicine Exercise topic Page(s): 98, 46-47.

Decision rationale: As noted on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants are expected to continue active therapies at home as an extension of the treatment process. The MTUS Guideline in ACOEM Chapter 5, page 83 echoes this position, noting that, to achieve functional recovery, applicants must assume certain responsibilities, one of which includes adhering to and maintaining exercise regimens. The gym membership at issue, per ACOEM, thus, is an article of applicant responsibility as opposed to an article of payer responsibility. The attending provider, furthermore, stated that he intended for the gym membership to be employed for the purposes of affording the applicant access to a pool. However, pages 46 and 47 of the MTUS Chronic Pain Medical Treatment Guidelines note that there is no recommendation for or against any one form of exercise over another. It is further noted that the applicant is seemingly able to perform home exercises of her own accord, including walking. There does not appear to be any compelling medical basis for provision of the gym membership at issue. Therefore, the request is not medically necessary.