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| Case Number: | CM14-0202115 | | |
| Date Assigned: | 12/12/2014 | Date of Injury: | 11/05/2013 |
| Decision Date: | 01/30/2015 | UR Denial Date: | 12/02/2014 |
| Priority: | Standard | Application Received: | 12/03/2014 |

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 Family Practice, and is licensed to practice in North Carolina. 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 claimant had a date of injury of 11/5/2013. Diagnoses include thoracic compression fracture and acute cervical and lumbar strain. He has been performing home exercise regimen and using heat as instructed. The request is for a one-year gym membership.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 year 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, Treatment Index, 11th Edition (web), 2014, Knee & Leg, Gym Memberships

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Pain, Gym Membership

Decision rationale: MTUS states that exercise is a recommended intervention for pain management and states that no single exercise program is recommended over any other program. ODG guidelines for treatment of knee pain include recommendations for home aerobic and quadriceps strengthening exercises. The ODG addresses gym memberships in the section on the treatment of low back pain and states that gym memberships are not recommended unless a

documented home exercise program has not been effective or if specialized equipment is required. The medical record does not contain any description of the failure of a home exercise program and does not describe the need for any specialized equipment. A 1 year gym membership is not medical necessary.