

Case Number:	CM14-0208900		
Date Assigned:	12/22/2014	Date of Injury:	09/22/1987
Decision Date:	02/18/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, low back, and bilateral shoulder pain reportedly associated with an industrial injury of September 22, 1997. In a Utilization Review Report dated December 11, 2014, the claims administrator denied a request for a six-month gym and pool membership. A progress note and associated RFA form of December 3, 2014 were referenced in the determination. The applicant's attorney subsequently appealed. In a progress note dated September 20, 2014, the applicant was described as having stable presentation following a reverse total shoulder arthroplasty procedure. In a progress note dated September 15, 2014, the applicant reported persistent complaints of low back pain. The applicant was status post spinal cord intrathecal pump implantation. The applicant was receiving disability benefits in addition to Workers' Compensation indemnity benefits, it was acknowledged. The applicant was not doing much vigorous activity. Multifocal complaints of knee, neck, low back, and shoulder pain were reported. A gym and pool membership of one-year duration was endorsed so that the applicant could perform exercises.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym/Pool membership-6 months: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines-<http://www.odg-twc-.com/odgtwc/pain.htm>

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 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. Similarly, the MTUS Guideline in ACOEM Chapter 5, page 83 also takes the position that, to achieve functional recovery, that applicants must assume certain responsibilities, one of which includes adhering to and maintaining exercise regimens. By implication, then, both the MTUS Chronic Pain Medical Treatment Guidelines and ACOEM takes the position that maintaining exercise regimens is a matter of applicant responsibility as opposed to a matter of payer responsibility. Pages 46 and 47 of the MTUS Chronic Pain Medical Treatment Guidelines also state that there is no recommendation for or against any one particular form of exercise over another. The attending provider's progress notes do not contain any compelling applicant-specific rationale which would offset the tepid-to-unfavorable MTUS positions on the article at issue. The attending provider did not clearly outline why the applicant could not perform self-directed home physical medicine of his own accord without the gym and pool membership at issue. Therefore, the request is not medically necessary.