

Case Number:	CM15-0002857		
Date Assigned:	01/13/2015	Date of Injury:	05/17/2012
Decision Date:	03/24/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/07/2015

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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 55-year-old male who reported an injury on 05/17/2012. The mechanism of injury involved a fall. The current diagnoses include chronic myofascial pain syndrome, injury to the right hip and knee, and pain/weakness of the right leg due to CRPS type 2. The latest physician progress report submitted for this review is documented on 10/27/2014. The injured worker reported persistent lower back pain with right lower extremity symptoms. The injured worker utilized a cane for ambulation assistance. Upon examination, there were multiple myofascial trigger points and taut bands noted throughout the thoracic and lumbar paraspinal muscles as well as the gluteal muscles. The injured worker was unable to perform tandem gait with his eyes closed and could not perform heel/toe gait with the right foot/leg. There was decreased sensation in the right lower extremity, with 4/5 motor weakness. Recommendations included continuation of the current medication regimen of Neurontin 800 mg, Tylenol No. 3, and Elavil 50 mg. The injured worker was also instructed to continue with home stretching exercises and swimming pool exercises. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership with pool access #3: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Gym memberships.

Decision rationale: The Official Disability Guidelines do not recommend gym memberships as a medical prescription unless a home exercise program has not been effective and there is a need for equipment. It is noted that the injured worker participates in a home exercise program. There is no indication that the home exercise program is not effective. There is also no indication that this injured worker requires specialized equipment. The medical necessity has not been established. As such, the request is not medically appropriate at this time.