MAXIMUS Federal Services

| Case Number: | CM15-0103599 | | |
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| Date Assigned: | 06/08/2015 | Date of Injury: | 07/30/2012 |
| Decision Date: | 07/10/2015 | UR Denial Date: | 05/13/2015 |
| Priority: | Standard | Application Received: | 05/29/2015 |

## 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
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 injured worker is a 33 year old male, who sustained an industrial injury on July 30, 2012. He sustained multiple trauma injuries in a fall and was diagnosed with incomplete paralysis. Treatment to date has included multiple spinal surgeries, physical therapy, acupuncture, rehabilitation at [redacted], and medications. The evaluating physician notes that the injured worker's condition remains the same. The injured worker ambulated with front wheel walker and trainer. He was able to control his feet. He is able to lockout his left leg with less assistance. He exercises six times per week for two-three hours doing range of motion exercises and lifting weights. The diagnoses associated with the request include incomplete paraplegia. The treatment plan includes renewal of his [redacted] gym membership, behind-the-wheel training and medications.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Behind the wheel training-2 hour session:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter/Driver Assessment and Training Section.

**Decision rationale:** MTUS guidelines do not address driver assessment and training. The ODG recommends occupational therapy driver assessment and treatment, for drivers with disabilities, including brain injury. An occupational therapist certified as a Driver Rehab Specialist (CDRS) has advanced training and specialized skills in the area of driving. In this case, the injured worker has a history of T-4 paraplegia and closed skull fracture as a result of a fall. He attended an adaptive driving evaluation on 1/16/15 and was recommended to complete 10 hours of behind-the-wheel training to improve his skills in the use of adaptive equipment, speed control, and freeway driving. The request for behind the wheel training-2 hour session is medically necessary.

**Gym membership for 3 months:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder/Gym Memberships.

**Decision rationale:** The MTUS Guidelines do not address the use of gym membership. The ODG does not recommend gym membership as a medical prescription unless a home exercise program has not been effective and there is a need for equipment. The injured worker has a home exercise program already, which appears to be reviewed and encouraged regularly. There may be poor participation by the injured worker, but there is no evidence that having a gym membership improves participation. There is also no indication that the exercises that the injured worker needs to perform require special equipment that may necessitate a gym membership. The request for gym membership for 3 months is not medically necessary.