

Case Number:	CM15-0132231		
Date Assigned:	07/20/2015	Date of Injury:	04/23/1999
Decision Date:	08/19/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/08/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

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 54-year-old male who reported cumulative trauma industrial injuries on 4/23/1999 resulting in chronic back and bilateral knee pain, chronic headaches and, subsequently, symptoms related to anxiety and depression. He is diagnosed with chronic pain syndrome, and depressive psychosis - severe. Treatment for this diagnosis has included psychotherapy, medication, and exercise which he has reported to help reduce symptoms of anxiety and depression. The injured worker continues to present with feeling depressed, agitated, and problems with sleep. The treating physician's plan of care includes a one year gym membership. He is presently not working. The patient was certified for 1 Year Gym Membership in August 2011 that was beneficial to patient for stress, pain and sleep. Per the note dated 7/10/15, the patient had complaints of unable to walk without a cane. Per the note dated 6/12/15, the patient had complaints of pain in the right upper extremity. Physical examination revealed tenderness on palpation over knee and shoulder and muscle atrophy in upper back. The patient had received an unspecified number of the CBT, PT and chiropractic therapy visits for this injury. The medication list include Valium, Requip, Methadone and Lyrica.

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, Shoulder (Acute & Chronic), Gym Membership (2015).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back (updated 07/17/15) Gym memberships.

Decision rationale: Request 1 Year Gym Membership. ACOEM/MTUS guideline does not address for this request. Hence ODG is used. Per the ODG guidelines gym membership is "Not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment." The patient was certified for 1 Year Gym Membership in August 2011. The detailed response to previous Gym Membership, including objective functional improvement, was not specified in the records specified. Any contraindication for a home exercise program was not specified in the records provided. A medical need for exercise equipment was not specified in the records provided. Patient has received an unspecified number of PT and aquatic therapy visits for this injury. Detailed response to conservative therapy was not specified in the records provided. The previous conservative therapy notes were not specified in the records provided. The records submitted contain no accompanying current PT evaluation for this patient. A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent home exercise program is not specified in the records provided. The request for 1 Year Gym Membership is not medically necessary in this patient.