

Case Number:	CM15-0022540		
Date Assigned:	02/12/2015	Date of Injury:	10/29/2012
Decision Date:	04/08/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/06/2015

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 46-year-old male who reported an injury on 10/28/2012. The mechanism of injury was not provided. Prior therapies included physical therapy. There was a Request for Authorization submitted for review dated 01/21/2015. The documentation of 01/08/2015 revealed the injured worker had started physical therapy on his neck. The injured worker had improved 50% since then. The medications included cyclobenzaprine hydrochloride 10 ml, Medrol Dosepak, Cymbalta 60 mg, omeprazole 20 mg, Norco 10/325 mg, Diazide 37.5/25 mg, Celebrex 200 mg, and baclofen 10 mg. The injured worker was noted to undergo prior shoulder surgery. The physical examination revealed paraspinal muscle tenderness in the cervical spine. The injured worker had decreased her painful forward flexion. The treatment plan included continue with physical therapy and try different activities at home. Additionally, the treatment plan included a gym membership and the physician opined the injured worker would improve weight loss focusing on his core and improve with aquatic rehab. The diagnoses included neck pain, thoracic pain, and lumbar disc disorder.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 (ODG).

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 Chapter, Gym Membership.

Decision rationale: The Official Disability Guidelines indicate that Gym memberships and swimming pools, would not generally be considered medical treatment, and are therefore not covered under the disability guidelines. The clinical documentation submitted for review failed to provide documentation of exceptional factors to warrant non adherence to guideline recommendations. The request as submitted failed to indicate the duration for the request. Given the above, the request for gym membership is not medically necessary.