MAXIMUS Federal Services

Case Number:	CM15-0035989		
Date Assigned:	03/04/2015	Date of Injury:	04/11/1997
Decision Date:	04/16/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	02/25/2015

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, New York, 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 60-year-old who has filed a claim for chronic neck, low back, and leg pain reportedly associated with an industrial injury of April 11, 1997. In a Utilization Review Report dated February 24, 2015, the claims administrator failed to approve a request for extension of a [redacted] gym membership. A January 28, 2015 progress note was referenced in the determination. The applicant's attorney subsequently appealed. In a January 20, 2015 chiropractic progress note, the applicant reported persistent complaints of low back pain, intermittent, highly variable, at times slight and at times severe. The applicant received manipulation therapy and electrical stimulation therapy. A one-year [redacted] gym membership was proposed on the grounds that this would reduce the applicant's need for chiropractic manipulative therapy. The attending provider suggested (but did not clearly state) that the applicant was in fact working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extension of [redacted] Membership for 12 months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back - Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

Decision rationale: No, the request for a one-year [redacted] gym membership was not medically necessary, medically appropriate, or indicated here. Page 98 of the MTUS Chronic Pain Medical Treatment Guidelines notes that applicants are expected to continue active therapies at home as an extension of the treatment process. In a similar vein, the MTUS Guideline in ACOEM Chapter 5, page 83 notes that, to achieve functional recovery that applicants are expected to maintain and adhere to exercise regimens. Thus, both page 98 of the MTUS Chronic Pain Medical Treatment Guidelines and page 83 of the ACOEM Practice Guidelines espouse the position that gym memberships, exercise, and the like are matters of applicant responsibility as opposed to matters of payer responsibility. The progress note of January 28, 2015, furthermore, seemingly suggested that the applicant had already returned to regular duty work and did not, furthermore, have significant residual physical impairment as of that point in time. It appeared, thus, that the applicant could in fact transition to self-directed home physical medicine of his own accord, without a need for specialized equipment or a gym ([redacted]) membership. Therefore, the request was not medically necessary.