

Case Number:	CM15-0080173		
Date Assigned:	05/01/2015	Date of Injury:	08/04/2002
Decision Date:	06/01/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	04/27/2015

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: Emergency 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 62 year old female, who sustained an industrial injury on June 4, 2002. She reported neck, shoulder and back pain. The injured worker was diagnosed as having degeneration of the lumbar/lumbosacral intervertebral discs, chronic pain syndrome, thoracic or lumbosacral neuritis or radiculitis, myalgia and myositis, scapulalgia, shoulder joint pain, brachial neuritis or radiculitis, spasm of the muscle, thoracic and lumbar disc degeneration, constipation and gastrointestinal reflux disease. Treatment to date has included diagnostic studies, conservative care, exercises, heat and ice, medications and work restrictions. Currently, the injured worker complains of continued neck, shoulder and back pain with pain radiating to the lower extremity, depression and panic. The injured worker reported an industrial injury in 2002, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. Evaluation on April 9, 2015, revealed continued pain as noted. She reported improvement with a previous exercise plan. A gym membership was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership for aqua exercise class (6 months): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

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-Lumbar and Thoracic, Gym memberships.

Decision rationale: MTUS Chronic pain and ACOEM Guidelines do have any sections that relate to this topic. As per Official Disability Guidelines, Gym memberships are not recommended. They are not supervised, is not being assessed by medical professionals and therefore are not considered medical treatment with no appropriate documentation or information returning to provider. While continued pool exercise is recommended, Pool and Gym membership is not medically necessary.