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| Case Number: | CM15-0080744 | | |
| Date Assigned: | 05/01/2015 | Date of Injury: | 03/05/2009 |
| Decision Date: | 06/01/2015 | UR Denial Date: | 04/27/2015 |
| 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 65 year old woman sustained an industrial injury on 3/5/2009. The mechanism of injury is not detailed. Evaluations include lumbar spine x-rays dated 5/20/2014, cervical and lumbar spine MRIs dated 2/13/2012 and 3/29/2011, and thoracic spine MRI dated 3/29/2011. Diagnoses include shoulder joint pain, post-laminectomy syndrome, neck pain, and myelopathy. Treatment has included oral and topical medications, surgical intervention, cervical spine epidural injection, lumbar spine epidural injection, functional restoration program, physical therapy, and home exercise program. Physician notes dated 3/3/2015 show complaints of low back, right shoulder, and neck pain rated 4/10. Recommendations include additional physical therapy, three month gym membership, acupuncture that has recently been approved, and follow up in four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 month gym membership: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental

Medicine (ACOEM), 2nd Edition, (2004) Chapter 6: p87 Low Back-Lumbar & Thoracic (Acute & Chronic), Gym memberships.

Decision rationale: The claimant sustained a work-related injury in March 2009 and continues to be treated for chronic neck, low back, and shoulder pain. When seen, pain was rated at 4/10. The claimant was performing a daily home exercise program. A 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. In this case, the claimant is already performing a daily home exercise program and there is no apparent need for specialized equipment. Therefore, the requested gym membership is not medically necessary.