

Case Number:	CM15-0081340		
Date Assigned:	05/04/2015	Date of Injury:	05/17/2012
Decision Date:	06/02/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	04/28/2015

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: North Carolina
 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:

This 55 year old male sustained an industrial injury to the right knee and hip on 5/17/12. Previous treatment included magnetic resonance imaging, electromyography, physical therapy, injections and medications. In the most recent PR-2 submitted for review, dated 2/23/15, the injured worker complained of constant, intractable pain in his right leg rated 9-10 on the visual analog scale without medications and 6/10 with medications. The injured worker reported being very depressed with frequent crying and avoiding socializing due to pain. The injured worker reported getting 30% improvement from current medications. The injured worker also complained of difficulty sleeping. Current diagnoses included chronic myofascial pain syndrome to the thoracolumbar spine, injury to right hip and right knee, pain and weakness of the right leg due to chronic regional pain syndrome and major depression. The treatment plan included medications (Neurontin, Tylenol with Codeine and Elavil) and a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym Membership with Pool (Months) Qty 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, gym membership.

Decision rationale: The ACOEM and California MTUS do not specifically address the requested medication. The ODG does not recommend gym memberships unless there is a documented failure of a home exercise program. In addition, gym exercise needs to be supervised and prescribed by a medical professional. The provided clinical documentation for review does not meet these criteria and therefore the request is not medically necessary.