

Case Number:	CM15-0088324		
Date Assigned:	06/02/2015	Date of Injury:	02/07/2014
Decision Date:	07/13/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	05/07/2015

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:

The injured worker is a 43-year-old male, who sustained an industrial injury on 2/07/14. The injured worker has complaints of pain in right groin and right calf, complaints of pain in his head and neck and complaints of anxiety and dizziness. The documentation noted that the injured worker has poor eye contact and he is apologetic. The diagnoses have included status post slip and fall; traumatic brain injury and posttraumatic headaches. Treatment to date has included right shin splints; companion; collar; trial of Gabapentin for neck/head and groin pain and trial of Risperdal for depression and paranoia. The request was for in-shape gym membership x 3 months; community therapy at [REDACTED] 2 times a week and continue personal care assistance/caregiver services, 5 hours per day, 5 days per week for 3 months. Several documents within the submitted medical records are difficult to decipher.

IMR ISSUES, DECISIONS AND RATIONALES

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

In-Shape Gym Membership (3-months): 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 Official Disability Guidelines (ODG) Gym Membership.

Decision rationale: The California MTUS and the ACOEM do not specifically address gym memberships. According to the Official Disability Guidelines, gym memberships are 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 specialized equipment not available at home. Treatment needs to be monitored and administered by medical professionals. There is no included documentation, which shows failure of home exercise program. The criteria for gym membership as outlined above have not been met. Therefore, the request is not medically necessary.

Community Therapy at [REDACTED] (twice a week): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Multidisciplinary Rehabilitation.

Decision rationale: The ACOEM and California MTUS do not specifically address the requested services. The Official Disability Guidelines states multi-disciplinary therapy post stroke is recommended. The provided clinical documentation for review has a clear transition plan. Therefore, the request is medically necessary.

Continue PCA/Caregiver Services (5 hours per day, 5 days per week for 3 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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Page(s): 51.

Decision rationale: The Chronic Pain Medical Treatment Guidelines states that home health services are recommended only for otherwise recommended medical treatment for patients who are home bound, on a part-time or intermittent basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. Home health services are only recommended for patients who are home bound. It also does not include homemaker services. Therefore, the request is not medically necessary.