

Case Number:	CM14-0143475		
Date Assigned:	09/29/2014	Date of Injury:	07/07/2011
Decision Date:	11/10/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	09/04/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 [REDACTED] employee who has filed a claim for chronic low back and ankle pain reportedly associated with an industrial injury of July 7, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; transfer of care to and from various providers in various specialties; and reported return to regular duty work. In a Utilization Review Report dated August 18, 2014, the claims administrator denied a request for a six-month gym membership. The applicant's attorney subsequently appealed. In a progress note dated September 15, 2014, the applicant reported persistent complaints of low back and left ankle pain. The applicant was wearing an ankle splint. The applicant was working full duty as a sanitation worker. Minimal lumbar tenderness was noted. The applicant was returned to regular duty work. Flector patches were endorsed, along with a six-month gym membership.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 months gym membership: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 5, page 83, to achieve functional recovery, applicants must assume certain responsibilities, one of which includes adhering to and maintaining exercise regimens. The gym membership sought by the attending provider, thus, per ACOEM, is an article of applicant responsibility as opposed to an article of payer responsibility. Therefore, the request is not medically necessary.