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| Case Number: | CM14-0145684 | | |
| Date Assigned: | 09/12/2014 | Date of Injury: | 09/18/2001 |
| Decision Date: | 10/15/2014 | UR Denial Date: | 08/14/2014 |
| Priority: | Standard | Application Received: | 09/08/2014 |

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 Physical Medicine and Rehabilitation 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 injured worker is a 54-year-old female who reported an injury on 09/18/2001. The mechanism of injury was not provided. On 07/25/2014, the injured worker presented with total body pain. Upon examination, there was no new joint swelling, normal neurologic exam, no rheumatoid arthritis deformities, cervical tenderness, lumbar tenderness, and bilateral shoulder tenderness. The diagnoses were myalgia and myositis, not otherwise specified, and late effect sprain/strain. Prior therapies were not documented. The provider recommended a [REDACTED] or gym membership for 1 year with aquatic therapy access. The rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] or gym membership for one year with aquatic therapy access: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

Decision rationale: The request for [REDACTED] or a gym membership for 1 year with aquatic therapy access is not medically necessary. The Official Disability Guidelines do recommend exercise as part of a dynamic rehabilitation program; they note, however, that gym membership is not recommended as a medical prescription, unless a home exercise program has not been effective and there is a need for specialized equipment. Treatment should be monitored and administered by medical professionals. There is no documentation of a failed home exercise attempt or the injured worker's need for specific equipment that would support the medical necessity for a gym membership. Additionally, the California MTUS guidelines recommend aquatic therapy for injured workers who require reduced weight-bearing exercises. The guidelines recommend 10 visits over 4 weeks. There is lack of documentation that the injured worker is specifically in need of reduced weight-bearing exercises. Additionally, there is a lack of documentation of failed home exercise or the injured worker's need for specific equipment that would support the medical necessity for a gym membership. As such, medical necessity has not been established.