

Case Number:	CM14-0146537		
Date Assigned:	09/12/2014	Date of Injury:	05/16/1984
Decision Date:	11/14/2014	UR Denial Date:	08/13/2014
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 Ohio and Texas. 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 66-year-old male who reported an injury on 05/16/1984 caused by an unspecified mechanism. The accepted injury was to the heart and internal organs. The injured worker's treatment history included medications, physical therapy sessions, coronary artery bypass graft, occupational therapy, and E stimulator. The injured worker was evaluated on 08/11/2014 and it was documented that the injured worker experienced a major cerebrovascular accident in his brainstem that has rendered him with weakness in the right arm and right leg along with some difficulties in speech. He requires 24 hour day care, which was undertaken by his wife and health aide. He would greatly benefit from his current health aide hours to be increased from 6 to 8 hours/day, Monday through Friday, for the next 12 months. This was necessary as he was at significant fall risk, which he attempts to transfer or ambulate. He also has some difficulty making meals and drinks and needs assistance with transportation to and from physical therapy. The injured worker has suffered a left pontine cerebrovascular accident rendering him with right hemiparesis. He has undergone extensive physical therapy and occupational therapy and would greatly benefit from an assisted gym program at the [REDACTED] utilizing their equipment and facility with the assistance of his own caregiver. This would allow him to continue much needed improvement with gait training and strengthening on his right leg and arm. The Request for Authorization dated 08/11/2014 was for transportation to and from physical therapy facility and a gym program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Assisted Gym Program quantity :1.00: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) Gym Memberships.

Decision rationale: The requested assisted gym program qty: 1.00 is not medically necessary. According to the Official Disability Guidelines (ODG) does not recommend gym memberships as a medical as a medical prescription unless a home exercise program has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals. While an individual exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment, may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision. The documents submitted 08/11/2014 indicated the injured worker was in a wheelchair. The request failed to include duration, number of hours per day, and days of the week. Given the above, the request for assisted gym program qty: 1.00 is not medically necessary.

Transportation to and from the Physical Therapy facility: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC Guidelines WEB- Knee & Leg, Back (Acute & Chronic) (updated 7/19/12)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg. Transportation to & from Appointments.

Decision rationale: TThe request for Transportation to and from the physical therapy facility is not medically necessary. The Official Disability Guidelines (ODG) states transportation is only recommended for medically necessary to appointments in the same community for patients with disabilities preventing them from self-transport. The documents submitted indicated the injured worker has a health aide and a wife that requires 24 hour a day care. The request failed to include duration, number of hours per day, and days of the week. As such, the request for Transportation to and from the physical therapy facility is not medically necessary.