

Case Number:	CM14-0177004		
Date Assigned:	10/30/2014	Date of Injury:	07/26/1999
Decision Date:	12/05/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/26/2014

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 neck pain reportedly associated with an industrial injury of July 26, 1989. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; muscle relaxants; psychotropic medications; topical agents; multiple cervical spine surgeries; unspecified amounts of physical therapy over the course of the claim; and extensive periods of time off of work. In a Utilization Review Report dated September 22, 2014, the claims administrator denied an independent gym membership, invoking non-MTUS ODG guidelines. In a September 29, 2014 physical therapy progress note, it was acknowledged that the applicant was off of work and was receiving disability benefits in addition to [REDACTED] [REDACTED] benefits. The applicant was no longer working as a nurse, it was acknowledged. It was stated, moreover, that the applicant was both "compliant and independent" with her exercises, despite ongoing complaints of neck pain. In an October 10, 2014 progress note, the applicant was asked to continue with her home exercise program and walking program while baclofen, Gabitril, and Cymbalta were endorsed. It was acknowledged that the applicant was doing quite well insofar as the chronic neck pain was concerned.

IMR ISSUES, DECISIONS AND RATIONALES

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

Independent gym Membership for 6 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, Gym Membership

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 being sought here, thus, per ACOEM, is an article of applicant responsibility as opposed to an article of payer responsibility. It is further noted that all information on file points to the applicant's having already successfully transitioned to a home exercise program, obviating the need for the proposed gym membership. Therefore, the request is not medically necessary.