

Case Number:	CM15-0113208		
Date Assigned:	06/19/2015	Date of Injury:	02/27/1995
Decision Date:	07/21/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/11/2015

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 (IW) is a 56 year old male who sustained an industrial injury on 02/27/1995. The mechanism of injury and initial report are not found in the records reviewed. The injured worker was diagnosed as having lumbar radiculopathy, lumbar displaced intervertebral disc/herniated nucleus pulposus, and hip pain; severe reactive depression; and insomnia related to hip and spinal pain. Treatment to date has included right hip replacement with multiple revisions. Currently, the injured worker complains of hip pain. He walks with a limp, straight leg raising on the right is 40 degrees and caused back pain. Straight leg raising on the left is 50 degrees and is pain-free. There was a 4/5 weakness in the right tibialis anterior and a 5-/5 weakness on the right extensor digitorum with full strength on the left. A PHQ-9 (psychological testing) score is 24/30 indicating severe depression. The treatment plan is for medications, and the IW is planned for a L4-L5 transforaminal epidural on 05/22/2015 which is scheduled. Requests for authorization were made 05 /12/ 2015 for the following: 1. Independent Gym Program, 2. Rozerem 8mg QTY: 30.00, 3. Opana ER 5mg QTY: 60.00, and 4. Doxycycline 100mg QTY: 60.00.

IMR ISSUES, DECISIONS AND RATIONALES

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

Independent Gym Program: Upheld

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

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

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ODG states gym memberships are only indicated when the patient has failed home exercise program and the gym membership must be administered and supervised by a medical professional. Review of the provided documentation shows that these criteria have not been met and the request is not medically necessary.