

Case Number:	CM15-0126301		
Date Assigned:	07/10/2015	Date of Injury:	09/09/2010
Decision Date:	08/11/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/30/2015

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: Indiana, Michigan, California
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 is a 59 year old female who experienced the work injury on September 9, 2010. Diagnoses include chronic pain syndrome, depression with anxiety, neck, bilateral shoulder, hand, hip, and foot and knee pain. Treatment has involved physical therapy, pain management, massage therapy, acupuncture, medications and psychological therapy. MRI imaging of the cervical spine on 5/6/2011 showed spondylosis with multilevel hypertrophic facet changes. MRI of the right knee on 3/26/2012 showed avulsion of the posterior medial meniscus and chronic tear of the posterior meniscotibial root lateral meniscus. MRI of the left knee on 3/26/2012 was consistent with avulsion of the posterior meniscotibial root and medial meniscus degeneration. X-ray of the thumbs revealed arthritic changes. The request is for thirteen weeks of a health club membership with pool access.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thirteen weeks of a health club membership with pool access: Overturned

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) Low back, Gym membership.

Decision rationale: ODG guidelines state that gym membership is not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. Records review reveals that the home exercise program has not been effective and that the injured worker has been utilizing exercise equipment and pool treatments made available through gym membership that has improved range of motion, decreased pain, improved mood and sleep. Therefore, based on guidelines and review of documents, the request for thirteen weeks of a health club membership with pool access is medically necessary and appropriate.