

Case Number:	CM15-0026611		
Date Assigned:	02/19/2015	Date of Injury:	03/23/2007
Decision Date:	04/02/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/12/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 64-year-old [REDACTED] beneficiary who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of March 23, 2007. In a Utilization Review Report dated January 26, 2015, the claims administrator denied a one-year gym membership with associated pool access. An RFA form of December 22, 2014 and an associated progress note of December 11, 2014 were referenced in the determination, along with non-MTUS ODG guidelines. The applicant's attorney subsequently appealed. In a July 22, 2014 progress note, the applicant reported ongoing issues with hypertension, reflux, and chronic pain. The applicant was status post a herniorrhaphy procedure, it was incidentally noted. On November 18, 2014, Protonix and losartan were refilled. The applicant's work status was not clearly outlined. The gym membership was apparently sought on July 30, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

One year [REDACTED] membership w/ pool 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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 93, Chronic Pain Treatment Guidelines Physical Medicine Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 98 of 127.

Decision rationale: As noted in the MTUS Guideline in ACOEM 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 at issue, thus, per ACOEM, is an article of applicant responsibility as opposed to an article of payer responsibility. Similarly, page 98 of the MTUS Chronic Pain Medical Treatment Guidelines also notes that applicants are expected to continue active therapies at home as an extension of the treatment process. Here, the treating provider has not clearly established why the applicant is incapable of performing home exercises of her own accord. No clear or compelling rationale for provision of the gym membership with associated pool access was furnished. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that aquatic therapy is recommended as an optional form of exercise therapy in applicants in whom reduced weight bearing is desirable. In this case, however, it has not been clearly established that reduced weight bearing is, in fact, desirable here. Therefore, the request was not medically necessary.