

Case Number:	CM15-0033470		
Date Assigned:	02/27/2015	Date of Injury:	03/24/2014
Decision Date:	04/13/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/23/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This female sustained an industrial injury on 3/24/14, with subsequent ongoing low back pain. Treatment included pool therapy, physical therapy and medications. In a progress note dated 1/5/15, the injured worker reported increased pain in the lumbar spine and buttocks with radiation to the left lower extremity after recently starting physical therapy. The injured worker had undergone L5-S1 foraminotomy two and half months prior. The injured worker reported not being able to sit for more than a few minutes. Physical exam was remarkable for pain behavior without focal atrophy or significant focal weakness. The physician noted that the injured worker had never seen a psychologist for post-traumatic stress disorder. The physician noted that pain of this magnitude this far after surgery was a bad prognostic sign and suggestive of a significant centralized source including possible neuropathy pain. The treatment plan included starting Gabapentin, ongoing physical therapy and continuing gym membership. On 2/3/15, Utilization Review noncertified a request for gym membership x 3 months citing ODG Guidelines. Because of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership x 3 months: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Knee chapter: Gym membership.

Decision rationale: According to the 01/05/2015 report, this patient presents with lumbar spine and buttocks with radiation to the left lower extremity. The current request is for gym membership x 3 months. The request for authorization is on 01/29/2015. The patient's work status is "TTD." The MTUS guidelines do not address gym memberships. The ODG guidelines states, "Not recommended 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." In the medical reports provided for review, the treating physician does not provide why the patient is not able to do home exercise. There is no discussion regarding the need for special equipment and how the patient is to be medically supervised. In this case, the treating physician fails to provide necessary documentation as guidelines recommend. Therefore, the request IS NOT medically necessary.