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| Case Number: | CM15-0044463 | | |
| Date Assigned: | 04/13/2015 | Date of Injury: | 12/20/2013 |
| Decision Date: | 06/15/2015 | UR Denial Date: | 02/25/2015 |
| Priority: | Standard | Application Received: | 03/09/2015 |

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 injured worker is a 41 year old male, who sustained an industrial injury on 12/20/2013. The initial complaints or symptoms included abdominal pain. The injured worker was diagnosed as having incarcerated umbilical and epigastric hernias. Treatment to date has included conservative care, medications, CT scans, and hernia repair surgery. Currently (02/17/2015 progress report), the injured worker complains of continued abdominal pain and abdominal muscle spasms. Several documents within the submitted medical records are difficult to decipher; however, it does appear that the physician reported that the injured worker was surgically stable. It was also noted that the injured worker had lost 12 pounds since surgery in August. The injured worker's current home exercise program consist of running in place, jumping jacks, exercise bands, 3-5 miles on stationary bike, and walking 3-4 times per week. The diagnoses include myalgia and myositis unspecified. The request for authorization included 3 month gym membership, and exercise sessions for core exercise and strength training.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 Month Gym Membership: 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 membership.

Decision rationale: Guidelines state that gym membership is not recommended as a medical prescription unless with documented home exercise program with periodic assessment by medical professionals. In this case, it is not clear why the patient would not be able to participate in a functional restoration like PT or home exercise program to do strengthening exercises. The request for 3 month gym membership is not medically necessary or appropriate.

Exercise Sessions for Core Exercise and Strength Training: 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 Membership.

Decision rationale: Guidelines state that gym membership including core exercise and strength training is not recommended as a medical prescription unless with documented home exercise program with periodic assessment by medical professionals. In this case, it is not clear why the patient would not be able to participate in a functional restoration like PT or home exercise program to do strengthening exercises. The request for core exercise and strength training is not medically necessary or appropriate.