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| Case Number: | CM15-0065275 | | |
| Date Assigned: | 04/13/2015 | Date of Injury: | 03/30/2012 |
| Decision Date: | 05/14/2015 | UR Denial Date: | 03/30/2015 |
| Priority: | Standard | Application Received: | 04/07/2015 |

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:

The injured worker is a 48 year old male patient who sustained an industrial injury on 03/30/2012. A psychiatric follow up visit dated 12/02/2014 reported current complaint of: anxiety, tension, irritability, and quick temper; depression; occasional crying episodes; insomnia; concentration and memory impairment; decreased appetite; and decreased sexual activity. He is diagnosed with depressive disorder, head, neck, back, knee pains, occasional headaches, and dizziness. The patient experienced an occupational accident with injuries and has a current global assessment of functioning score of 50. He is temporarily total disabled. A follow up psychiatric evaluation dated 01/09/2015 reported the patient diagnosed with depressive disorder. The plan of care involved continuing with Ativan, Ambien, and Cymbalta and follow up in four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym Membership: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299, 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, Gym Memberships.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines knee and leg chapter, gym memberships.

Decision rationale: The patient was injured on 03/30/2012 and presents with cervical spine pain, knee pain, shoulder pain, and lumbar spine pain. The request is for a GYM MEMBERSHIP. There is no RFA provided and the patient's work status is not known. The patient is diagnosed with C2 fracture (nondisplaced), incomplete cervical spinal cord injury, myoclonus, spasticity, and lumbar pain with radiculopathy. MTUS Guidelines do not address gym memberships. ODG, knee and leg chapter, gym memberships, state, "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." The patient has a limited cervical spine range of motion, tenderness to palpation of posterior cervical paraspinal muscles, and the lower extremities are spastic. The patient has a decreased sensation on the right side of the neck and a decreased strength on the left side of the neck. The reason for the request is not provided. There is no discussion provided regarding why a gym membership is needed and why the patient is not able to do home exercise. Furthermore, ODG Guidelines do not support gym memberships and there is no discussion regarding the need for special equipment and how the patient is to be medically supervised. In this case, the treater fails to provide necessary documentation as guidelines recommend. The requested gym membership is not medically necessary.