

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

(855) 865-8873 Fax: (916) 605-4270



Notice of Independent Medical Review Determination

Dated: 12/4/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	8/21/2013
Date of Injury:	7/15/2009
IMR Application Received:	8/27/2013
MAXIMUS Case Number:	CM13-0016967

- 1) MAXIMUS Federal Services, Inc. has determined the request for **gym membership for three (3) months is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/27/2013 disputing the Utilization Review Denial dated 8/21/2013. A Notice of Assignment and Request for Information was provided to the above parties on 10/11/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for **gym membership for three (3) months** is not **medically necessary and appropriate**.

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice, has a subspecialty in ABPM and is licensed to practice in California. 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 treatments and/or services at issue.

Expert Reviewer Case Summary:

This is a male claimant who sustained a work injury on 6/15/09. He developed chronic neck and trapezius pain along with tingling in the left arm. He has been on Norco, Indocin and Flexeril for pain management. He has also received chiropractor treatments and a progress note on 5/4/12 noted he was on a home exercise program as well as stretching to improve musculoskeletal function. A more recent progress note in August 2013 noted he was still doing a home exercise program and his weight was 205 lbs with a height of 6'3 inches. His neck pain was 4/10. A progress note a few months earlier in 2/2013 was noted to be 189 lb on 6'4" with continued similar examination findings.

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for gym membership for three (3) months:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), Lower Back, Online Edition, which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Official Disability Guidelines (ODG), Exercise, which is not part of the MTUS.

Rationale for the Decision:

The Official Disability Guidelines indicate that there is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. The guidelines also indicate that gym memberships are not recommended as a medical prescription unless there is documented need for equipment due to failure from home therapy. However, in this case, the employee had an acceptable weight a few months prior and there was continued home exercise therapy with no progression in pain benefit. There is no evidence to support a gym membership alone would benefit pain management. With unsupervised programs, there is no feedback to the treating physician in regards to treatment response. **The request for gym membership for three (3) months is not medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

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Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.