

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: 10/22/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/25/2013
Date of Injury:	12/6/1996
IMR Application Received:	7/29/2013
MAXIMUS Case Number:	CM13-0004570

- 1) MAXIMUS Federal Services, Inc. has determined the request for Gym Membership with pool/month QTY: 6.00 **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/29/2013 disputing the Utilization Review Denial dated 7/25/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/8/2013. 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 with pool/month QTY: 6.00 **is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The expert reviewer who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine 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.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 25, 2013:

CLINICAL SUMMARY: [REDACTED] is a 74 year old (DOB: [REDACTED]) female for [REDACTED] whose mechanism of injury is not stated. She was injured while at work on 12/06/96 injuring her both knees, low back, and left hip. She is currently not working and is retired. The both knees, low back, and left hip has been accepted by the carrier.

The injured worker is a 74 year old female for [REDACTED] who was injured while at work on 12/06/96 injuring her knees, low back, and left hip. Treatment has included x 8 aqua therapy sessions. The current report is dated 07/09/13. There is bilateral knee pain. She finished 8 aqua therapy sessions which were helpful. The exam is unchanged. Her diagnoses include post right knee replacement 2001. Chronic knee pain, osteoarthritis, degenerative changes. Mild foraminal stenosis. Left hip pain.

Based on a review of the current medical file as well as the guidelines mentioned below, the PTP has not documented a plan of who will monitor the injured workers attendance, who will monitor the injured workers gym progress and functional change. Thus, as per the guidelines, ITEM 1. Gym Membership with Pool/month QTY: 6.00 is not recommended. The request is thus, non certified. Further consideration, however, will be given to the request with proper documentation as noted by the guidelines.

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 for Independent Medical Review (received 7/29/13)
- Utilization Review Determination from [REDACTED] (dated 7/25/13)
- Medical Records from [REDACTED]
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request Gym Membership with pool/month QTY: 6.00:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12), and the Chronic Pain Medical Treatment Guidelines (2009), Introduction, page 9, which are part of MTUS as well as the Official Disability Guidelines (ODG), (Current Version), Low Back Chapter, and Gym Memberships Chapter, which is not part of the MTUS. The Expert Reviewer determined the MTUS did not address the issue in dispute. The Expert Reviewer based his/her decision on The Official Disability Guidelines, Knee and Back Sections.

Rationale for the Decision:

The employee was injured on 12/6/1996. The medical records provided for review indicate the employee presents status post right knee replacement, and has been diagnosed with left osteoarthritis status post Synvisc injection. The employee complains of low back pain with degenerative spine disease including stenosis at L5-S1, and is currently taking opioid medication for pain. Six sessions of aqua therapy, which per the employee, have helped with activities of daily living (ADLs) more than the Synvisc injection, have been completed. A request was submitted for gym membership with pool/month x 6.

The ODG do not recommend gym memberships based on the fact that there is no medical supervision and there is no specified exercise routine. The records submitted and reviewed do not document that the provider included a plan of treatment including progress monitoring for this employee. In the absence of this information and according to standard guidelines, the request for gym membership with pool/month x 6 **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;

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

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

/sab

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.