

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Independent Medical Review Final Determination Letter

[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/20/2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/25/2013
Date of Injury: 10/28/1983
IMR Application Received: 8/8/2013
MAXIMUS Case Number: CM13-0009028

DEAR [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [REDACTED]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in physical medicine and rehabilitation, has a subspecialty in interventional spinal 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 physician 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/services.

DOCUMENTS REVIEWED

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

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

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

The IMR application shows the injury date as 10/28/1983, and there is a dispute with the 7/25/13 UR decision. The 7/25/13 UR decision is from PDI, and is for denial of a gym membership, based on a 6/12/13 appeal from Dr [REDACTED]. The patient is a 61-year-old with 7.5/10 knee and lower leg pain. The patient had bilateral knee when it was crushed between two cars. The patient had a total knee arthroplasty on 1/12/11 for the right knee and in 2004 for the left.

IMR DECISION(S) AND RATIONALE(S)

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

1. A gym membership is not medically necessary and appropriate.

The Claims Administrator based its decision on the Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12), page 301, which is part of the MTUS, as well as the Official Disability Guidelines, which is not part of the MTUS.

The Physician Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on the Official Disability Guidelines, which is not part of the MTUS.

The Physician Reviewer's decision rationale: The request before me is for a "gym membership". I am not provided with duration of the membership or an adequate rationale. In the available records, there was a 12/27/12 AME report that under future medical treatment stated he should continue gym membership. There is an 11/13/12 report from Dr [REDACTED] stating he requires a gym membership for a year to encourage an autonomous exercise program. There is no discussion of what type of exercises the patient does that he cannot do at home, there is no

mention of any specific exercise equipment, there does not appear to be any monitoring or administration of exercises by medical professionals. The orthopedists and AME that suggested the gym memberships do not discuss what the patient is expected to do at the gym.

This was not discussed in the 6/4/13 and 6/20/13 reports from Dr [REDACTED] Dr [REDACTED] does state he has a rigorous self-directed exercise program which he will continue. Exercise is recommended by MTUS and ODG, but the request is not for exercise, it is for a gym membership. The MTUS did not specifically discuss a gym membership, but ODG guidelines states these are not recommended unless the HEP is not effective and there is need for equipment. The exceptions to the ODG recommendations were not discussed. The gym membership is not in accordance with ODG recommendations. **The request for A gym membership is not medically necessary and appropriate.**

/dat

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.

[REDACTED]
[REDACTED]
[REDACTED]

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