

Case Number:	CM13-0003778		
Date Assigned:	12/27/2013	Date of Injury:	07/03/1992
Decision Date:	06/13/2014	UR Denial Date:	07/18/2013
Priority:	Standard	Application Received:	07/26/2013

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. The expert reviewer is Board Certified in Orthopedic Surgery, 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 disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 39-year-old with an industrial injury on July 3, 1992. Exam note from June 29, 2013 demonstrates complaint of chronic foot and ankle pain with referral to the calf following tarsal tunnel surgery. Exam note from June 29, 2013 demonstrates tenderness over the right foot without allodynia or erythema. Negative Tinel sign is reported. The patient is noted to have no muscle fasciculations, atrophy, muscle weakness or asymmetry.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 YEAR SPORTS MEMBERSHIP AT [REDACTED] FOR AN INDEPENDENT GYM PROGRAM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle And Foot (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Gym Membership.

Decision rationale: The California Medical Treatment Utilization Section (MTUS), American College of Occupational and Environmental Medicine (ACOEM) Guidelines and Chronic Pain

Medical Treatment Guidelines are silent on the issue of gym membership. Alternative guidelines were utilized. According to the Official Disability Guidelines' Low Back Chapter, Gym Membership Section, "Not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment." In this case, the records show that there is lack of evidence that the patient cannot perform a home based exercise program. The request for a one year sports membership at [REDACTED] for an independent gym program is not medically necessary or appropriate.