

Case Number:	CM13-0014789		
Date Assigned:	06/06/2014	Date of Injury:	02/28/2008
Decision Date:	07/24/2014	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	08/21/2013

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 FamilyPractice, and is licensed to practice in Texas and Mississippi. 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 injured worker is a 39-year-old male who reported an injury on 02/28/2008. The mechanism of injury was not provided within the medical records. The clinical note dated 06/06/2013 indicated diagnoses of multiple trauma, pelvic fracture, left malleolar fracture, anxiety disorder, depression, post-traumatic stress disorder, proximal femoral fracture, status post skin graft of the left lower extremity, postconcussion headaches, and post-traumatic visual deficits. The injured worker reported flare-ups of his neck and low back, numbness involving his left lower extremity, and tingling in his left arm. The injured worker had pain that radiated into his left leg across his lower back. He reported pain that was intermittent and increased with activity. The injured worker reported pain was worse with sitting and improved with mobility. The injured worker reported numbness in his arms when laying down. The injured worker reported he tried gabapentin, morphine sulfate, Vicodin, and NSAID agents without any success. On physical examination the injured worker had decreased sensation along the L4-5, L5-S1, and the left lower extremity, and along the C5-6 dermatome on the left upper extremity. The injured worker showed slight weakness at the hip flexors and knee extensors on the right side and knee flexors on the left, and had decreased strength at the biceps on the left side compared to the right. The injured worker's prior treatments included diagnostic imaging, surgery, and medication management. The injured worker's medication regimen included Prilosec, Ativan, zolpidem, Zoloft, and gabapentin. The provider submitted a request for community gym membership. A request for authorization form was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMMUNITY GYM MEMBERSHIP: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, Gym membership.

Decision rationale: The request for community gym membership is not medically necessary. The Official Disability Guidelines (ODG) indicate a gym membership is not recommended as a medical prescription unless a home exercise program has not been effective and there is a need for equipment. The Guidelines also state treatment needs to be monitored and administered by medical professionals. While an individual exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision. The provider did not indicate a rationale for the request. In addition, there was not enough of quantified pain assessment in the documentation submitted. Additionally, the request did not specify a time frame for the gym membership. Furthermore, there is no evidence of a home exercise program with periodic assessments which has been modified and remained ineffective. Therefore, the request for community gym membership is not medically necessary.