MAXIMUS Federal Services

Case Number:	CM13-0021331		
Date Assigned:	11/08/2013	Date of Injury:	06/10/2010
Decision Date:	01/03/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/09/2013

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 Family Practice 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.

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 59-year-old male who reported injury on 06/10/2010. The mechanism of injury was the patient was running bases during a game and developed pain in his foot. The patient was noted to have swelling in the left foot and ankle and to still be weak. The diagnosis was stated to include left foot tenosynovitis and left foot cuboid arthritis, and the request was made for a gym membership.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Foot and Ankle Chapter section on Gym Memberships.

Decision rationale: The Official Disability Guidelines do not recommend gym memberships unless there is a documented home exercise program that has not been effective and treatment needs to monitored and administered by medical professionals. Clinical documentation submitted for review failed to provide the necessity for the requested service and it failed to provide documentation that the employee had tried a home exercise program that was ineffective and that there was a need for equipment. Clinical documentation submitted for review, while

indicating there was a request for a gym membership, failed to provide the duration of care for the requested membership. The request for a gym membership is not medically necessary and appropriate.