MAXIMUS Federal Services

Case Number:	CM13-0032682		
Date Assigned:	12/11/2013	Date of Injury:	05/17/2011
Decision Date:	02/07/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/08/2013

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. 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 52-year-old female who reported injury on 05/17/2011. The mechanism of injury was not provided. The patient was noted to have continued pain and swelling in the right ankle and foot with occasional pain in the left ankle also. The patient was noted to perform exercises for feet and ankle and wear orthotics regularly. The patient was noted to have tenderness to palpation at the lateral right ankle. The patient's diagnoses were noted to include ankle sprain, Achilles tendinitis, and pain of the extremity, lower and/or upper, as well as myofascial pain. The plan was noted to include a 6 month gym membership to allow the patient to participate in a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) month gym membership: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation State of Minnesota Workers' Compensation Treatment Parameter Rules, TP-59.

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

Decision rationale: Official Disability Guidelines do not recommend gym memberships as a medical prescription unless a home exercise program has not been effective and there is a need for equipment. Additionally, treatment needs to be monitored and administered by medical professionals. The clinical documentation submitted for review failed to provide the patient had tried a home exercise program that had not been effective and there was a need for exercise equipment. Given the lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations, the request for 6 month gym membership is not medically necessary.