

Case Number:	CM13-0040531		
Date Assigned:	12/20/2013	Date of Injury:	02/18/2011
Decision Date:	03/17/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	10/09/2013

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 Occupational 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. 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 claimant is a 54-year-old female with a date of injury of 2/18/2011. According to the progress note dated 8/23/2013, the claimant reportedly was injured when she slipped and fell, twisting her left ankle, falling onto both knees and onto her right shoulder. She also strained her back in the fall. She reports that a shoulder injection helped reduce her pain while at rest, but it is aggravated with activity. Her low back and hip pain are better and her knee and ankle pain are unchanged. She is able to walk every other day 15 to 20 minutes for the past year. She is on temporary total disability. She failed a home program. On exam there is tenderness over the biceps and rotator cuff on the right. There is also tenderness noted at the cervical spine and lumbar spine. The ankle/medial malleolus area is normal. Active range of motion for the lumbar and cervical spine is reduced. The right shoulder on active movement produced pain on flexion with reduced range of motion. There is positive Apley's, Codman's and Hawkins for the right shoulder. There is positive Clark's for chondromalacia patella at the left knee. She has a positive Kemp's test on the left for lumbar facet compression and Yeoman's is positive for sacro-iliac (S.I.) Compression. The Thomas test was positive for the hip flexors on the left. The diagnoses include: 1) right rotator cuff tear; 2) left patellofemoral arthralgia; and 3) lumbar disc pathology. The treatment to date has included steroid injection to her shoulder, medications, chiropractic manipulation, physical therapy and home 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 ODG Low Back Chapter, Gym Memberships.

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 Memberships.

Decision rationale: The Official Disability Guidelines indicate that gym memberships are "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. Plus 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. With unsupervised programs there is no information flow back to the provider, so he or she can make changes in the prescription, and there may be risk of further injury to the patient. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment, and are therefore not covered under these guidelines. The indications for health club membership are: The patient is deconditioned and requires a structured environment to perform prescribed exercises. The health care provider must document the reasons why reconditioning cannot be accomplished with a home-based program of exercise. The requirements for health club membership include: The program must have specific prescribed exercises stated in objective terms, for example "30 minutes riding stationary bicycle three times per week." There must be a specific set of prescribed activities and a specific timetable of progression in those activities, designed so that the goals can be achieved in the prescribed time. There must be a prescribed frequency of attendance and the patient must maintain adequate documentation of attendance. There must be a prescribed duration of attendance (State of Minnesota Worker's Compensation Treatment Parameter Rules, TP-59)" The claimant has reportedly failed at a home exercise program, but also has maintained a walking program for the past year. These guidelines do not support the use of a gym membership without specific guidance from the provider, and accountability from the patient. These strategies are specified in these guidelines in regards to a gym membership, but they are also strategies that are used in implementing a successful home exercise plan. There is no evidence that the claimant has failed at a structured home exercise plan coordinated by the provider with commitment from the claimant, as would be required from a gym membership. There is also no identified need for special equipment for an exercise plan that would not be available for a home exercise plan and therefore require access to a gym. The request for six (6) month gym membership is determined to not be medically necessary.