

Case Number:	CM13-0047346		
Date Assigned:	12/27/2013	Date of Injury:	02/28/2005
Decision Date:	02/26/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/05/2013

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 Orthopedic Surgery, has a subspecialty Certificate in Fellowship trained in Spine 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 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 67-year-old female who reported an injury on 02/28/2005. The patient is currently diagnosed with Achilles tendinitis, degeneration of the lumbar spine, disorders of the sacrum, and sciatica. The patient was recently seen by [REDACTED] on 01/17/2014. The patient presented with lower back and bilateral ankle pain. Physical examination revealed no acute distress and normal ambulation without assistance. It is noted that the patient completed 6 sessions of physical therapy and does continue to participate in a home exercise program. However, an appeal request was submitted for a 13 week gym membership.

IMR ISSUES, DECISIONS AND RATIONALES

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

health club membership trial x13 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: The Official Disability Guidelines state gym memberships are not recommended as a medical prescription unless a home exercise program has not been effective and there is a need for equipment. As per the documentation submitted, the patient has previously participated in a course of physical therapy and continues to participate in a home exercise program. The patient's physical examination on the requesting date of 01/17/2014 revealed no significant musculoskeletal or neurological deficits that would require a health club membership for access to exercise equipment. There is no documentation of an acute flare-up of the patient's chronic condition. The patient reported only 2/10 pain, and only utilizes over the counter Aleve for pain relief as needed. The medical necessity for the requested service has not been established. As such, the request is non-certified.