

Case Number:	CM13-0055887		
Date Assigned:	12/30/2013	Date of Injury:	10/15/2007
Decision Date:	03/28/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/22/2013

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 Texas. 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 51-year-old female who reported an injury on 10/15/2007. The mechanism of injury was not specifically stated. The patient is currently diagnosed with pain in the joint of the ankle/foot. The patient was seen by [REDACTED] on 10/22/2013. The patient reported ongoing pain. Physical examination revealed tenderness to palpation with 10% reduced ankle range of motion. Treatment recommendations included a 6 months gym membership.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decision for prospective request for 6 month gym membership between 10/22/13 and 4/21/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Ankle and Foot.

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 Membership.

Decision rationale: 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. The patient does not appear to meet criteria for the requested service. There is no indication that a home exercise program has not been effective. There is also no indication of the need for specialized equipment. The patient's physical examination only reveals tenderness to palpation with 10% reduced range of motion. Based on the clinical information received and Official Disability Guidelines, the request is non-certified.