

Case Number:	CM13-0063747		
Date Assigned:	12/30/2013	Date of Injury:	09/11/2000
Decision Date:	05/12/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/10/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and Pain Medicine and is licensed to practice in Texas and Ohio. 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 expert 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 injured worker is a 46-year-old male who reported an injury on 09/11/2000 after apprehending a suspect while performing normal job duties. The injured worker reportedly sustained an injury to the bilateral knees and wrist. The injured worker's treatment history included multiple medications, physical therapy, surgical intervention, activity modifications. The injured worker was evaluated on 09/25/2013 and it was documented that the injured worker had mild tenderness to palpation of the lumbar spine and pain with ambulation. It was also documented that the injured worker had restricted range of motion of the bilateral knees. The injured worker's diagnoses included status post bilateral total knee replacements, low back pain, bilateral lateral and medial epicondylitis. The injured worker's treatment plan included steroid injections for the bilateral elbows, topical compound usage, and continuation of prescribed medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

SIX MONTH GYM MEMBERSHIP: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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 requested 6 month gym membership is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not address this type of request. Official Disability Guidelines do not recommend gym memberships as medical prescriptions. The clinical documentation submitted for review does not provide any evidence that the injured worker is participating in a home exercise program that has failed to provide improvement in symptom resolution. There is no documentation that the injured worker requires equipment to assist with a home exercise program that cannot be provided within the home. Therefore, the need for a gym membership is not clearly established. As such, the requested 6 month gym membership is not medically necessary or appropriate.