

Case Number:	CM13-0064652		
Date Assigned:	01/17/2014	Date of Injury:	05/23/2001
Decision Date:	05/12/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/12/2013

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 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 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 64-year-old female who reported an injury on 05/23/2001. The mechanism of injury was not provided in the medical records. The 10/17/2013 clinic note reported ongoing antalgic gait favoring the left lower extremity. The patient had joint line tenderness, positive McMurray's sign, increased pain with weight-bearing, cervical spine tenderness, painful full range of motion, negative head compression testing and Spurling's maneuver bilaterally, lumbar tenderness, negative straight leg raise, and intact deep tendon reflexes. The note reported the injured worker stated she lost 5 pounds and felt she was improving after routinely swimming 45 minutes a day 5 days a week. She was diagnosed with left knee internal derangement and was recommended for a gym/pool membership for 1 year to proceed with a self-directed home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

GYM/POOL MEMBERSHIP FOR ONE (1) YEAR: Upheld

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

Decision rationale: Official Disability Guidelines do not recommend gym memberships 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. Additionally, treatment must be monitored and administered by medical professionals. The documentation submitted did not provide evidence of failed outcomes from periodic assessments of a previous home exercise program. Furthermore, the note states the gym and pool membership was indicated for a self-directed home exercise program, which does not meet guideline requirements. Given the above, the request is non-certified.