

<b>Case Number:</b>	CM13-0068481		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	06/30/1995
<b>Decision Date:</b>	06/05/2014	<b>UR Denial Date:</b>	11/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2013

### 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 Physical Medicine and Rehabilitation as well as 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 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 injured worker is a 78-year-old female who reported an injury on 06/30/1995. The mechanism of injury was not stated. Current diagnoses include systemic lupus erythematosus, reports of depression/anxiety, hypertension, hypothyroidism, macular degeneration, history of breast carcinoma, and status post aneurysm resection in 07/2013. The injured worker was evaluated on 10/29/2013. Physical examination revealed circumduction of the right lower extremity externally, instability, and muscle atrophy and weakness on the right. Treatment recommendations at that time included psychological treatment, a gym trainer twice weekly for the next 2 months, a formal consultation by an orthotist, and continuation of current medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **SIXTEEN SESSIONS WITH TRAINER AT A GYM FOR RIGHT LEG: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 injured worker does not appear to meet criteria for the requested service. There is no indication that this injured worker has failed to respond to a home exercise program. There is also no indication that this injured worker requires specialized equipment. Therefore, the request is non-certified.