Case Number:	CM14-0004755		
Date Assigned:	01/24/2014	**Date of Injury:**	04/25/2002
Decision Date:	06/09/2014	**UR Denial Date:**	01/03/2014
Priority:	Standard	**Application Received:**	01/13/2014

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:

This 57 year-old patient sustained an injury to the left ankle and foot on 4/25/02 while employed by [redacted]. A report of 8/19/13 from the provider noted the patient with complaints of heel pain, worse with weight bearing. Medications list Vicodin and Meloxicam. Exam results of the ankle and foot showed swelling; however, with excellent motion bilaterally. Diagnoses included pain in joint, ankle and foot. A report of 9/30/13 noted complaints unchanged. X-rays revealed slight varus position, small calcaneal spurs, and right tibial sesamoid. A report of 11/11/13 noted significant right heel pain from weight bearing. Exam showed tender right heel over medial calcaneous; no swelling over Achilles and peroneals; subtalar with strong inversion/ eversion; toes moved well; tender left hell medially and laterally; supple forefoot; stiff ankle and hind foot. The patient was noted to have had an MRI; however, no findings were presented. He was given a cortisone injection, medications, and crutches. The request for a one year [redacted] membership was non-certified on 1/3/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

[redacted] GYM MEMBERSHIP FOR ONE YEAR FOR LEFT ANKLE AND FOOT:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Exercise Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: Although the MTUS Chronic Pain Guidelines stress the importance of a home exercise program and recommend daily exercises, there is no evidence to support the medical necessity for access to the equipment available with a gym membership versus resistive thera-bands to perform isometrics and eccentric exercises. It is recommended that the patient continue with the independent home exercise program as prescribed in physical therapy. The accumulated wisdom of the peer-reviewed, evidence-based literature is that musculoskeletal complaints are best managed with the eventual transfer to an independent home exercise program. Most pieces of gym equipment are open chain, i.e., the feet are not on the ground when the exercises are being performed. As such, training is not functional and important concomitant components, such as balance, recruitment of postural muscles, and coordination of muscular action, are missed. Again, this is adequately addressed with a home exercise program. Core stabilization training is best addressed with floor or standing exercises that make functional demands on the body, using body weight. These cannot be reproduced with machine exercise units. There is no peer-reviewed, literature-based evidence that a gym membership or personal trainer is indicated nor is it superior to what can be conducted with a home exercise program. There is, in fact, considerable evidence-based literature that the less dependent an individual is on external services, supplies, appliances, or equipment, the more likely they are to develop an internal focus on control and self-efficacy mechanisms resulting in more appropriate knowledge, attitudes, beliefs, and behaviors. The request is not medically necessary and appropriate.