

Case Number:	CM14-0015005		
Date Assigned:	02/28/2014	Date of Injury:	12/20/2009
Decision Date:	10/06/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/06/2014

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 Preventative Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 patient is a 48 year old female employee with date of injury of 12/20/2009. A review of the medical records indicate that the patient is undergoing treatment for enthesopathy of ankle and tarsus, right ankle arthralgia, right peroneal tendinitis, right lateral foot and ankle and lower leg neuritis, gait abnormality with excessive supination. Subjective complaints include improvement by Pilates-based exercises; she has weakness and favoring of her foot. Objective findings include "sort of a positive Tinel's sign on the sural nerve on the lateral side of the foot." On the right, she has limited ankle motion. Treatment has included acupuncture and home exercises. Topical medication was prescribed consisting of 10% Ketamine, 2% Baclofen, 6% Gabapentin and 2% Cyclobenzaprine, 10% Flurbiprofen, and 2% Lidocaine; support hose. The utilization review dated 1/31/2014 non-certified the request for a 1-year gym membership.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Year 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 (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22 and 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), gym membership and http://www.nhlbi.nih.gov/guidelines/obesity/bmi_tbl.pdf

Decision rationale: The patient has a history of neuritis in the left ankle. The MTUS guidelines are silent as to gym memberships so the Official Disability Guidelines were consulted. The official disability guidelines state "gym memberships are not recommended 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." The official disability guidelines go on to state "Furthermore, treatment needs to be monitored and administered by medical professionals". Physician's notes from 1/22/2014 state: "She has really been helped, however, not only doing her workouts, which I think she knows herself, so I am going to try to gradually try to advance her into like just going to the gym 4 to 5 days a week and working through her tightness and weaknesses and adding cardio which will be extremely good." The treating physician notes that the patient has been helped by home exercises, thus a 1-yr gym membership is not medically necessary. As such the request for 1 year gym membership is not medically necessary.