

Case Number:	CM14-0130451		
Date Assigned:	08/20/2014	Date of Injury:	06/16/1998
Decision Date:	09/19/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/15/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 68-year-old male with a date of injury of 06/16/1998. The listed diagnoses per [REDACTED] are: 1. Cardiovascular disease, unspecified. 2. Chest pain. 3. Dyspnea and respiratory abnormalities. 4. Hypertensive heart disease, benign, without heart failure. 5. Mixed hyperlipidemia. 6. Subendocardial infarct, initial. According to progress report 02/19/2014, patient presents for a follow-up following an inguinal hernia repair on 02/08/2014. Physical examination findings notes patient's weight is 240 pounds, pulse rate is 78 bpm. Provider notes jugular venous distention (JVD) is not increased, heart rate is normal, heart sound is normal. Provider reports "non-ST elevation myocardial infarction, 2002, which is stable." Provider recommended patient continue exercising 3 times a week for 20 minutes and take omega-3 acid ethylesters. Report 06/30/2014 states the patient is being treated for coronary artery disease, and he recommends patient continue exercising to improve his cardiovascular status and reduce the likelihood of future cardiac events. He is requesting "gymnasium membership." Utilization review denied the request on 07/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

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), Low Back (updated 07/03/14), 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) Gym Membership. ODG guidelines have the following regarding Gym membership (knee): Not recommended as a medical prescription unless a home exercise program has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals. While an individual exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment, may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision. For more information on recommended treatments, see Physical therapy (PT) & Exercise. See also the Low Back Chapter. ODG guidelines have the following regarding gym membership (shoulder): Not recommended as a medical prescription unless a home exercise program has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals. While an individual exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment, may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision. For more information on recommended treatments, see Physical therapy (PT) & Exercise. See also the Low Back Chapter. ODG guidelines on Gym membership for low back chapter: 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. Plus, treatment needs to be monitored and administered by medical professionals. While an individual exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment, may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision. With unsupervised programs there is no information flow back to the provider, so he or she can make changes in the prescription, and there may be risk of further injury to the patient. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment, and are therefore not covered under these guidelines. For more information on recommended treatments, see Physical therapy (PT) & Exercise.

Decision rationale: This patient presents with coronary artery disease. The provider is recommending patient continue to exercise to improve his cardiovascular status and to reduce the likelihood of future cardiac events. The provider is requesting membership to a gymnasium. Regarding gym membership, ODG Guidelines only allow in cases where a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. In addition, treatment needs to be monitored and administered by medical professionals. In this case, ODG does not support one type of exercise over another. Provider does not discuss the need for special equipment and it is not known how the patient will be monitored by a medical professional. Recommendation is for not medically necessary.

