

<b>Case Number:</b>	CM14-0143694		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	03/05/2012
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	08/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2014

### 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 claimant is a 30-year-old female with an injury date of 03/05/12. Based on the 07/02/14 progress report, the patient complains of left ankle pain. There is tenderness along the fifth metatarsal head with large callous formation. Her pain level fluctuates depending on activity level. Her diagnoses include the following: causalgia lower limb; foot pain; pain in limb; and pain in joint, lower leg. Her doctor is requesting a 12-month gym membership. The utilization review denied the request on 08/05/14. The requesting provider submitted treatment reports from 06/04/14 to 07/02/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **A 12-Month 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 Ankle & Foot (updated 7/29/14) - Gym Membership

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and foot chapter, gym memberships

**Decision rationale:** According to the 07/02/14 report by the requesting provider, this patient presents with left ankle pain. The request is for a 12-month gym membership. This patient "was instructed to continue with a healthy diet, perform a daily home exercise program, and to take medications only as prescribed." Also, based on the 06/04/14 report, "her pain level remains vary in intensity but without any new reports of new quality of pain and with no reports of flare up." The request was denied by utilization review dated 08/05/14 with a rationale that a "12 month gym membership is not supported by the guidelines." The MTUS guidelines do not address gym memberships. The ODG guidelines states, "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." In summary, the treater did not provide any rationale for a gym membership and why the patient is not able to do at-home exercise. There is no discussion regarding the need for special equipment and how the patient is to be medically supervised. Therefore, the request cannot be considered medically necessary or appropriate.