

Case Number:	CM14-0148685		
Date Assigned:	09/18/2014	Date of Injury:	01/07/2014
Decision Date:	12/03/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/12/2014

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 Internal Medicine and is licensed to practice in New York. 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 69 year old female who sustained an industrial injury on 01/07/2014. The mechanism of injury was not provided for review. Her diagnosis is right hip pain, s/p ORIF. She continues to complain of right hip pain and weakness in the hip. On physical exam there was tenderness over the lateral thigh. The range of motion was 10 degrees limited by groin pain, flexion 90 degrees and abduction 30 degrees. Passive range of motion showed mild pain in the groin. Strength was 4/5 abductor, otherwise 5/5 and sensation was intact. In addition to surgery treatment has included medical therapy, shoe lift , front wheel walker and physical therapy. The treating provider has requested a gym membership.

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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG updated 6/12

Decision rationale: Per the Official Disability Guidelines, a gym membership is not recommended unless a home exercise program has not been effective and there is a need for specific 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 a gym membership with pool access is not recommended. There is no documentation provided which includes a specific exercise program which requires a gym membership for the treatment of the claimant's pain condition. Medical necessity for the requested service has not been established. Therefore the request is not medically necessary.