

Case Number:	CM14-0151456		
Date Assigned:	09/19/2014	Date of Injury:	01/23/2014
Decision Date:	12/15/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/17/2014

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 Occupational Medicine 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:

There were 49 pages provided for this review. The date of injury was January 23, 2014. The request was for a gym membership for an exercise program. The application for independent medical review was provided but was not signed or dated. The patient is described as a 38-year-old individual who had a work-related injury back on January 23, 2014. The patient was cut off on the freeway which resulted in a collision with a motor vehicle. This caused the patient who was wearing a helmet to be ejected off the motorcycle and he landed on concrete. Prior treatment had been medicines such as Motrin, Norco, Ambien and Omeprazole. Also the medicines help to minimize the pain from eight without medicine down to 5 to 6 with medicine. The patient also takes ibuprofen which helps with the inflammation and pain. As of March 6, 2014 the patient had completed eight sessions of physical and chiropractic therapy twice a week with massage therapy which helped to reduce the pain. As of April 10, 2014 the patient had six sessions which helped with pain and flexibility. Other treatments included a soft cast and the use of the wrist and thumb immobilizer. On x-ray there was separation between the scaphoid in the trapezium. As of June 17, 2014 there were no new injuries.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership for an exercise program: 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, Forearm, Wrist & Hand, Elbow, Knee & Leg; 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), Low back and other chapters, regarding Gym programs.

Decision rationale: The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. The ODG notes regarding Gym Programs: 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. Therefore, I am not able to endorse this gym program as a reasonable and necessary medically prescribed treatment.