

Case Number:	CM14-0156982		
Date Assigned:	09/29/2014	Date of Injury:	06/14/1989
Decision Date:	11/14/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	09/25/2014

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 Family 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:

This is a 68 years old male patient who sustained an injury on 6/14/1989. The current diagnosis includes degeneration of the lumbar or lumbosacral intervertebral disc and osteoarthritis of the right ankle. Per the doctor's note dated 7/8/2014, he had complaints of upper extremity pain and low back pain. He had new more sturdy AFO braces. The physical examination revealed severe instability of the right ankle, low back- weakness in both legs, more back pain, weakness of dorsiflexion, no patella and no Achilles reflexes and walk with ankle brace. The medications list includes ibuprofen and hydrocodone-acetaminophen. Previous operative or procedure note related to the injury was not specified in the records provided. Prior diagnostic study reports were not specified in the records provided. He has had [REDACTED] membership in the past.

IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] membership for one (1) year: 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 Chapter (Acute & Chronic) and Ankle & Foot (Acute & Chronic), 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); Chapter: Low Back (updated 10/28/14) Gym memberships

Decision rationale: ACOEM and CA MTUS do not address this request. Per the ODG guidelines gym membership is "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" Contraindication to a simple home exercise program without specialized equipment is not specified in the records provided. The rationale for the medical need of gym membership/ [REDACTED] membership is not specified in the records provided. Response to previous conservative therapy is not specified in the records provided. In addition per the cited guidelines "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." The medical necessity for [REDACTED] membership for one (1) year is not fully established at this time. Therefore, the request is not medically necessary.