

Case Number:	CM14-0157967		
Date Assigned:	10/01/2014	Date of Injury:	02/11/2008
Decision Date:	10/28/2014	UR Denial Date:	09/21/2014
Priority:	Standard	Application Received:	09/26/2014

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 North Carolina. 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 had an original date of injury of 2/11/2008. She injured her right ankle when she fell down some stairs. Treatments have included bracing, physical therapy, injections, oral and topical medication and surgical intervention for posterior tibial dysfunction. The request is for gym membership.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 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, Low Back - Lumbar & Thoracic (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46-47.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) states that exercise is a recommended intervention for pain management and states that no single exercise program is recommended over any other program. The Official Disability Guidelines (ODG) addresses gym memberships in the section on the treatment ankle pain and states that gym memberships are not recommended unless a documented home exercise program has not been

effective or if specialized equipment is required. The medical record does not contain any description of the failure of a home exercise program and does not describe the need for any specialized equipment. A gym membership is not medical necessary.