

Case Number:	CM14-0182489		
Date Assigned:	11/07/2014	Date of Injury:	08/10/2010
Decision Date:	12/26/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	11/03/2014

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 patient is a 45-year-old female with an injury date of 08/10/2010. Based on the 06/18/2014 progress report, the patient complains of pain in her bilateral feet and ankles, more in the right Achilles region. She rates her pain as a 6/10 at rest and 8/10 with activities. Her pain increases as she walks the stairs. The 08/04/2014 report states that the patient has lower back pain. She has pain on palpation to the lower lumbar and posterior, superior iliac spine bilaterally. The 09/17/2014 report indicates that the patient has tingling pain in the posterior aspect of her right Achilles. The patient's diagnoses include the following: 1. Left ankle intraarticular synovitis, status post corticosteroid injection, improved. 2. Right Achilles tendon partial tear and tendonitis, status post PRP injection, 3 months, moderately improved. 3. Right greater than left foot plantar fasciitis, mild. 4. Industrial-related weight gain. 5. Mild degenerative disk bulge at L3-L4 without nerve root impingement. The utilization review determination being challenged is dated 08/10/2010. Treatment reports were provided from 01/29/2014 - 09/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

One year 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), Low Back Chapter, Web Edition

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 - Lumbar & Thoracic (Acute & Chronic) chapter, Gym memberships

Decision rationale: According to the 09/17/2014 progress report, the patient presents with pain in her posterior aspect of her right Achilles. The request is for ONE-YEAR GYM MEMBERSHIP. There is no discussion as to why the patient needs this gym membership. MTUS and ACOEM Guidelines are silent regarding gym membership, but the ODG Guidelines state that it is not recommended as a medical prescription "unless a documented home exercise program with periodic reassessment and revision has not been effective, and there is a need for an equipment." There are no reports provided any discussion regarding the need for special equipment and failure of home exercise, nor was there any discussion provided as to why gym membership is needed. Recommendation is for denial.