

Case Number:	CM14-0020129		
Date Assigned:	04/25/2014	Date of Injury:	04/14/2012
Decision Date:	07/07/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	02/18/2014

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 Practice and is licensed to practice in Texas. 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 injured worker is 62 year old male with a reported injury date on 04/14/2012; the mechanism of injury was not provided. The clinical note dated 12/16/2013 noted that the injured worker had complaints that included right ankle pain. Objective findings included weakness with mild edema at the lateral malleolus which was tender to palpation. The request for authorization for a gym membership x6 months was submitted on 01/07/2014 and 11/15/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

GYM MEMBERSHIP 6 MONTHS: 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), Regarding Chronic & Acute Lumbar And Thoracic Spine Complaints, 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 Chapter, Gym Memberships.

Decision rationale: The Official Disability Guidelines state that gym memberships are not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective. Additionally, treatment needs to be

monitored and administered by medical professionals. There is a lack of evidence within the available documentation the injured worker would be supervised by medical professional during the gym sessions. It did not appear the injured worker participated in a home exercise program which was not effective. Additionally, the request does not appear to be part of a documented home exercise program. As such this request is not medically necessary.