

<b>Case Number:</b>	CM14-0020917		
<b>Date Assigned:</b>	04/30/2014	<b>Date of Injury:</b>	11/12/2010
<b>Decision Date:</b>	07/08/2014	<b>UR Denial Date:</b>	02/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2014

### 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 & Rehabilitation and Pain Management 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:

This patient is a 45-year-old female with date of injury 11/12/2010. Per 01/13/2014 report, the patient continues to experience Reflex sympathetic dystrophy (RSD) and pain, has been bleeding on occasion at the plantar area, also lots of pain in the right knee occurring with walking or activity. The patient presents with foot pain on the left side has constant pain, at intensity of 3/10 with medications. Listed diagnoses are: 1.Pain foot, leg, arm, and finger. 2.Reflex sympathetic dystrophy (RSD) lower limb. 3.Knee pain. Prescription was for Norco, Prilosec. Drug screen was performed. Under treatment plan, recommend orthosis for the foot, MRI of the right knee, "needs gym membership through industrial insurance." Recommendation was also for a visit with a psychologist to address the question with severe foot pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**GYM MEMBERSHIP X 1 YEAR:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** This patient presents with chronic foot, ankle, knee pain with a diagnosis of RSD. The treating physician has asked for a gym membership. Regarding gym membership, ODG Guidelines supports if there is a specific need for an equipment and also if medical supervision is provided. In this case, ODG and MTUS Guidelines regarding exercise states that while it is recommended, one specific exercise program is not any superior to another type of exercise. In this request, there is no evidence that this patient requires a specific equipment to effectively exercise, and there is no documentation that the patient will be monitored closely through gym membership. The patient should be able to perform the necessary exercises at home. Therefore the request for Gym Membership for 1 year is not medically necessary and appropriate.