

Case Number:	CM14-0039747		
Date Assigned:	06/27/2014	Date of Injury:	09/02/2010
Decision Date:	09/26/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	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 Family Medicine and is licensed to practice in Texas and Mississippi. 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 determination

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 a 44-year-old male who reported an injury on 09/02/2010. The mechanism of injury was not provided for clinical review. The diagnoses included osteoarthritis and lymphoma. The previous treatments included medication, physical therapy, and chemotherapy. Within the clinical note dated 02/04/2014, it was reported the injured worker complained of left knee, left elbow, and lumbar spine pain. Upon the physical examination, the provider noted the left elbow had tenderness along the medial epicondyle with painful resisted wrist flexion. The provider noted tenderness along the flexor pronator mass with full range of motion. The injured worker had tenderness with painful range of motion. The provider requested a 1 year gym membership as activity has been proven to be beneficial for the injured worker. The Request for Authorization was submitted and dated on 02/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 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).

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, Gym Membership.

Decision rationale: The request for 1 year gym membership is not medically necessary. The Official Disability Guidelines do not recommend a gym membership as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is need for equipment. Plus, treatment needs to be monitored and administered by the medical professionals. While the individual exercise program is of course recommended, more elaborate personal care for outcomes are mentioned by a health professional, such as a gym membership, or advanced home exercise equipment, may not be covered under this guidelines, although temporary transitional exercise programs may be appropriate for injured workers who need more supervision. Gym memberships, health clubs, swimming pools, and athletic clubs would not generally be considered medical treatment, and therefore, are not covered under the guidelines. There is lack of documentation indicating the injured worker had participated in a home exercise program with period assessment and revision which had been ineffective. The documentation submitted for review did not provide an adequate clinical rationale as to the ineffective home exercise program or the need for specific gym equipment. There is lack of functional deficits in the physical examination submitted for review. Therefore, the request is not medically necessary.