

Case Number:	CM14-0043754		
Date Assigned:	07/02/2014	Date of Injury:	02/10/2010
Decision Date:	07/31/2014	UR Denial Date:	03/15/2014
Priority:	Standard	Application Received:	04/10/2014

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 Occupational Medicine 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 claimant was injured on 02/10/10. A gym membership for 6 months is under review. He has chronic left ankle pain and psychological complaints. He is status post 3 left ankle surgeries following a fracture. He has low self-esteem and a sleep disorder. He also has anger, depression, and anxiety. Previous self-guided hydrotherapy helped to reduce discomfort in his legs. He has received cognitive behavioral therapy. He also has a diagnosis of plantar fasciitis. There is no documentation of a trial and failure of an independent home exercise program.

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 -Foot & Ankle (Chronic & Acute).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Gym Membership.

Decision rationale: The history and documentation do not objectively support the request for a gym membership for 6 months at this time. The ODG (Low Back chapter) state gym

memberships are "not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals. While an individual exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment, may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision. With unsupervised programs there is no information flow back to the provider, so he or she can make changes in the prescription, and there may be risk of further injury to the patient. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment, and are therefore not covered under these guidelines." In this case, there is no evidence of a trial and failure of an ongoing home exercise program and no reason was given for the need for specialized equipment. The medical necessity of this request has not been clearly demonstrated.