

Case Number:	CM14-0138579		
Date Assigned:	09/05/2014	Date of Injury:	06/22/2011
Decision Date:	02/28/2015	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	08/27/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Colorado
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

47 year old male with date of injury 6/22/2011 continues care with treating physician. Patient fell in a hole on the job, left leg in the hole and right leg out of the hole. Patient complaints include ongoing low back pain, bilateral hip pain, bilateral leg pain, right knee pain, and right hand pain. Patient is maintained on medications that help pain some. All of patient activities of daily living continue to be adversely affected. Patient is doing home exercise program, though the records do not indicate what that entails or how it is progressing. Patient reports on his intake forms that working out makes his pain worse. Patient has undergone bariatric surgery 6/17/2014 and has achieved significant weight loss since that time. Patient's pain persists despite the above, and treating physician requests gym membership to help with patient's multiple joint pain issues.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership x 6 months for lumbar spine, right hip, right knee, and right wrist:
 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

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.

Decision rationale: The MTUS and ACOEM do not address the issue of gym membership, so the ODG Guidelines were consulted. Per ODG, a gym membership is generally not recommended. If home exercise program has not been helpful, despite reassessment and adjustments to the program by supervising medical personnel, or if there is a need for specific exercise equipment, then supervised physical activity may be indicated. Gym membership without included medical supervision, is not included in the ODG recommendations. For the patient of concern, the records indicate patient has been using an home exercise program (HEP). However, the records do not indicate any assessments made of the HEP effectiveness, or any changes made to the HEP. There is no documentation that the HEP has or has not been helpful, and patient has lost significant weight, prior to and after bariatric surgery. There is also no documentation as to the treating physician's reasoning that gym membership would be more useful than HEP. Without evidence of failed HEP and without medical supervision included, gym membership would not be medically indicated.