MAXIMUS Federal Services

Case Number:	CM14-0189828		
Date Assigned:	11/20/2014	Date of Injury:	06/11/1998
Decision Date:	01/08/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/13/2014

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 and Rehabilitation, 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:

The injured worker is a 54-year-old male with injury date of 06/11/98. Based on the 09/03/14 progress report, the injured worker complains of increasing memory difficulties and worsening of his walking and balance. Injured worker is status post severe traumatic brain injury with emotional and intellectual deficit, motor impairment, gait disturbance and local motor seizures. Physical examination revealed emotional and cognitive dysfunction, and motor and cerebellar impairment with a significant gait apraxia. Based on 10/30/14 report, treating physician states that injured worker is having more "difficulty with mobility." Per 10/30/14 report, treating physician states that injured worker uses an "aqua therapy exclusively at gym with buoyancy belt." Treating physician requests for gym membership renewal, and plan is to monitor injured worker's progress with "Balance Therapy" as stated under treatment plan per 10/30/14 report. Diagnosis 09/03/14-Traumatic brain injury, severe-behavioral & intellectual impairment-Motor and balance impairment-Focal motor seizuresDiagnosis 09/17/14-Binocular dysfunction-Oculomotor dysfunction-Visual field constriction-Traumatic brain injury-Abnormal gait-Convergence insufficiency-Blepharitis-Astigmatism-Presbyopia The request is for Gym Membership X 1yr Renewal. The utilization review determination being challenged is dated 11/07/14. The rationale is "no sufficient evidence, are not recommended as a medical prescription unless a home exercise program has not been effective, there are no notes indicating this claimant has failed a home exercise program." Treatment reports were provided from 06/05/14 to 11/25/14.

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 Renewal: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 48. Decision based on Non-MTUS Citation Official Disability Guidelines - Knee and Leg Chapter

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 - Lumbar & Thoracic (Acute & Chronic) Chapter, Gym Memberships

Decision rationale: MTUS and ACOEM guidelines are silent regarding gym membership. ODG guidelines under L-spine chapter, states, "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 injured workers 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." The injured worker has had a gym membership but does not discuss the injured worker's progress and participation. ODG does not consider gym membership to be covered under the guidelines and require specific equipment needs as well as monitoring. The request is not medically necessary.