

<b>Case Number:</b>	CM14-0200227		
<b>Date Assigned:</b>	12/10/2014	<b>Date of Injury:</b>	03/15/2012
<b>Decision Date:</b>	01/29/2015	<b>UR Denial Date:</b>	11/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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 Preventive Medicine, has a subspecialty in Occupational Medicine, and is licensed to practice in Iowa. 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 is a 52 year old patient with date of injury of 03/15/2012. Medical records indicate the patient is undergoing treatment for right Achilles tendinitis, right foot plantar fasciitis, right peroneus brevis tendon split and right peroneus brevis tendinitis. Subjective complaints include left ankle pain rated 6-7/10 and described as dull, aching, sharp, and burning. Objective findings include right ankle range of motion (ROM) - dorsiflexion 0 degrees, plantar flexion 30 and inversion 20. There was positive peroneal tenderness to palpation and positive lateral ligament tenderness. Motor strength and sensory exams were intact and deep tendons normal. Treatment has consisted of home exercise program, physical therapy and Voltaren. The utilization review determination was rendered on 11/21/2014 recommending non-certification of six month gym membership.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Six month 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) Gym Membership.

**Decision rationale:** The MTUS guidelines are silent as to gym memberships so the Official Disability Guidelines were consulted. ODG states, "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." The Official Disability Guidelines go on to state "Furthermore, treatment needs to be monitored and administered by medical professionals". Medical documentation provided does not detail what revisions to the physical therapy home plan has been attempted and/or failed that would necessitate the use of gym membership. As such, the request for six month gym membership is not medically necessary.