

<b>Case Number:</b>	CM14-0206155		
<b>Date Assigned:</b>	12/18/2014	<b>Date of Injury:</b>	05/03/2013
<b>Decision Date:</b>	02/09/2015	<b>UR Denial Date:</b>	11/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2014

### 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 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 patient is a 51 year old female with the injury date of 05/03/13. Per physician's report 10/09/14, the patient has pain in her left ankle and left foot at 7/10. Her left ankle gives out frequently. Walking is associated with numbness in her left foot. MRI of the left ankle from 06/26/13 shows 1) nondisplaced fracture at the tip of the medial malleous 2) sprain of the deltoid ligament involving the deep fibers of the deltoid ligament. The lists of diagnoses are: 1) Left ankle pain 2) Tibialis posterior tenosynovitis 3) Left ankle sprain 4) Deltoid ligament sprain 5) Degenerative osteoarthritis left ankle. The patient was given prescription for Celebrex, omeprazole, Lidoderm patch 5%. Per 05/30/14 progress report, the patient has bilateral foot and ankle pain, left worse than right. "The patient states that Ibuprofen does help and she has been trying to so stretching exercises and has tried not walking barefoot in the house, using athletic type shoes." The patient is able to return to modified duties. The patient had physical therapy and injections. The patient tried Lodine. The utilization review determination being challenged is dated on 11/14/14. Treatment reports were provided from 05/02/14 to 10/09/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gym membership x6-8 months body part left ankle: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299, 301. Decision based on Non-MTUS Citation Official Disability Guidelines

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

**Decision rationale:** The patient presents with pain and numbness in her left ankle and left foot. The request is for 6-8 months of GYM MEMBERSHIP for the left ankle. The treater has asked for gym membership to minimize pain and swelling in the patient's left ankle and left foot. However, the treater does not explain why exercise cannot be performed at home, what special needs there are for a gym membership and how the patient is being supervised during exercise. MTUS and ACOEM guidelines are silent regarding gym membership. ODG guidelines does not recommend it 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. In this case, there are no such discussion regarding special equipment need, why the patient is unable to exercise at home and how medical supervision will be provided. The request IS NOT medically necessary.