

Case Number:	CM15-0130389		
Date Assigned:	07/16/2015	Date of Injury:	05/31/2013
Decision Date:	08/12/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	07/07/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 66 year old female, who sustained an industrial injury on 05/31/2013, secondary to a slip and fall resulting in left side knee, ankle and hip injury. On provider visit dated 05/28/2015 the injured worker has reported left hip pain. On examination left hip pain was noted to be deep and anterior. Pain was noted not to radiate, moderate in intensity, intermittent and aching. Left knee was noted as having a dull ache and joint stiffness and neck pain was noted as having posterior and bilateral neck pain that radiated to the upper back and shoulders. The injured worker was noted to be on a modified work restrictions. The diagnoses have included left ganglion of patella tendon sheath, herniated lumbar disc, left hip pain, left knee pain and neck pain. Treatment to date has included ice, aqua therapy, physical therapy and gym membership. The provider requested renewal for gym membership times 6 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Renewal for gym membership times 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 (ODG) Low Back (updated 05/15/2015).

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 Chapter/Gym Membership Section.

Decision rationale: The MTUS Guidelines do not address gym memberships. The ODG does not recommend gym memberships 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. Treatment needs to be monitored and administered by medical professionals. While an individual exercise program is recommended, more elaborate personal care where outcomes are not monitored by a health profession is not recommended, 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 patients. In this case, the injured worker has received a full year of a gym membership in order to participate in aqua therapy. At this point she should be able to continue with a self-directed exercise program. The request for renewal for gym membership times 6 months is determined to not be medically necessary.