

Case Number:	CM15-0132233		
Date Assigned:	07/20/2015	Date of Injury:	06/05/2010
Decision Date:	08/17/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/08/2015

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 58 year old female who sustained an industrial injury on June 5, 2010. The injured worker diagnoses included low back pain and right ankle injury. Comorbid conditions include obesity. Treatment to date has included surgery (to ankle, lumbar spine and coccyx), physical therapy, home exercise program and medication. A provider progress note (PR-2) dated April 8, 2015 provides the injured worker complained of right foot pain and numbness and weakness and difficulty ambulating related to recent coccyx surgery. Physical exam noted well healed ankle surgical scars, tenderness on palpation, edema, valgus deviation of the hind foot and decreased strength. Pulses and capillary refill are within normal range. She ambulated with an antalgic gait.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 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, Low back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 14 Ankle and Foot Complaints, Chapter 3 Initial Approaches to Treatment Page(s): 48-

Decision rationale: Physical therapy or physiotherapy (often abbreviated to PT) is a form of medical therapy that remediates musculoskeletal impairments and promotes mobility, function, and quality of life through the use of mechanical force and movement (active and passive). Passive may be effective in the first few weeks after an injury but has not been shown to be effective after the period of the initial injury. Active therapy directed towards specific goals, done both in the PT office and at home is more likely to result in a return to functional activities. There is strong evidence that directed exercise could return an injured worker to work. However, the MTUS does not directly comment on use of a home exercise or gym membership to maintain functional gains achieved by physical therapy. It does note, though, that there is insufficient evidence to recommend one exercise program over another. Additionally, there are no evidenced-based controlled studies to either recommend or discourage use of home exercise or gym membership. Many physical therapists will give patients a home program that can be accomplished with use of simple elastic bands and other exercises that do not need expensive equipment to complete. The physical therapy this patient has completed was of benefit to this patient. A home exercise program was begun. There is nothing in the records that demonstrate a specific need to continue the physical therapy exercises in a gym environment. Medical necessity for a gym membership has not been established. The request is not medically necessary.