MAXIMUS Federal Services

Case Number:	CM15-0147482		
Date Assigned:	08/10/2015	Date of Injury:	03/20/2010
Decision Date:	09/11/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/29/2015

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, Hawaii
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 male who sustained an industrial injury on 03-20-2010. Mechanism of injury was an assault. Diagnoses include major depression, post-traumatic stress disorder, and post-concussion syndrome. Treatment to date has included diagnostic studies, medications, physical therapy, aquatic therapy, cognitive behavioral therapy, and psychiatric care. A physician progress note dated 06-18-2015 documents the injured worker is noticeable more depressed. It revolves around the move and not being able to help his wife with the packing. A gym request was made because he has gained too much weight. He cannot walk around outside due to his PTSD fear of being attacked, he needs a healthcare provider to watch over him when he walks due to falls and could suffer a third skull fracture. Treatment requested is for 1 year gym membership with a supervision or trainer.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 year gym membership with a supervision or trainer: 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, Lumbar & Thoracic (Acute & Chronic) - Gym memberships.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back Chapter, Gym Memberships.

Decision rationale: The patient presents with diagnoses that include skull fracture, TBI, dizziness, seizures, major depression, post-traumatic stress disorder neck strain, shoulder, back strain, rib fracture and post-concussion syndrome. The treating physician notes in the report dated 6/18/15 (138C) that currently the patient is noticeably more depressed and that the patient's depression "revolves around the move and not being able to help his wife with the packing". The current request is for 1-year of a gym membership with supervision or a trainer. The treating physician states in the clinical history that a gym request was made because (the patient) has gained too much weight. He cannot walk around outside due to his PTSD fear of being attacked, he needs a healthcare provider to watch over him when he walks due to falls and could suffer a third skull fracture. The treating physician additionally drafted an undated UR Appeal/Progress Report (4B) where he states, "I was asking for a medically supervised (gym) membership. (The patient) has gained in excess of 20 lbs. since his injury and he cannot walk or exercise unsupervised. The UR doctor did not realize that he has suffered 2 skull fractures from falls already and a third could kill him". MTUS Guidelines are silent regarding the proposed treatment. ODG states that gym memberships are only allowed in cases where 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. In this case, while the patient may not have access to a gym and while said gym and supervision from a trainer may be beneficial, there is no documentation of what monitoring and documentation will be performed by a medical professional. Given the physician's desire to have the patient supervised during his gym time a supervised exercise program by a medical professional would appear to be the appropriate request. Thus, the current request for supervision from a trainer is not medically necessary.