

Case Number:	CM15-0181338		
Date Assigned:	09/22/2015	Date of Injury:	03/29/2007
Decision Date:	10/29/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/15/2015

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 47 year old male, who sustained an industrial injury on 3-29-2007. The injured worker is being treated for hypertension. Treatment to date has included work modifications and medications. He has a history of lower leg fractures. Per the Primary Treating Physician's Progress Report dated 5-14-2015, the injured worker presented for reevaluation and treatment of hypertension. His leg pain persists and weight has increased to 185 pounds. He is swimming intermittently and is now on Dyazide and nifedipine. Objective findings included blood pressure of 130-64. Per the Primary Treating Physician's Progress Report dated 8-17-2015, objective findings included blood pressure of 136-83. The plan of care included medications and water exercise, and authorization was requested on 8-13-2015 for gym membership 3 times per week for 52 weeks for water walking exercise. A one year gym membership was denied by UR on 6-22-2015. On 8-25-2015, Utilization Review non-certified the request for gym membership 3 times per week for 52 weeks for water walking exercises citing lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership three times a week for 52 weeks for water walking exercise: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back/Gym memberships.

Decision rationale: Guidelines do not support the medical necessity of gym memberships unless there is a well defined medical necessity for equipment found only in a gym setting and/or there is an inability to tolerate land based exercises associated with this medical necessity. It is documented that this individual has lower extremity pain, but there is no detailed limitations regarding ability to walk or exercise utilizing other means such as a stationary bike. In addition, the request for the program is in relationship to hypertension, which is well controlled. Under these circumstances, the Gym membership three times a week for 52 weeks for water walking exercise is not supported by Guidelines and is not medically necessary.