

<b>Case Number:</b>	CM15-0187435		
<b>Date Assigned:</b>	09/29/2015	<b>Date of Injury:</b>	04/06/2014
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	09/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2015

### 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: Maryland

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

This is a 57 year old female with a date of injury on 4-6-2014. A review of the medical records indicates that the injured worker is undergoing treatment for status post fracture of the left foot, left ankle sprain, back pain due to antalgic gait and chronic myofascial pain syndrome thoracolumbar spine. According to the progress report dated 7-30-2015, the injured worker complained of constant pain in her left foot and left ankle, as well as frequent moderate upper and lower back pain. She rated her lower extremity pain as 5 out of 10. She also reported feeling depressed and having difficulty sleeping. Per the treating physician (5-28-2015), the injured worker was temporarily totally disabled. The physical exam (3-5-2015 to 7-30-2015) revealed "moderately decreased" range of motion of the left ankle. She was using boots for both feet and demonstrated a limp. There was an ulcer noted on the bottom of the left foot. The ankle jerks were absent bilaterally. Treatment has included trigger point injections and medications (Naproxen, Norco and Tramadol). The request for authorization was dated 7-30-2015. The original Utilization Review (UR) (9-23-2015) denied a request for a gym membership with a pool for three months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gym membership with pool for 3 months: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Ankle and Foot Complaints 2004, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle & Foot.

**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-Gym memberships.

**Decision rationale:** Gym membership with pool for 3 months is not medically necessary per the ODG Guidelines. The MTUS does not specifically address gym memberships. The ODG does not recommend gym membership 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. Plus, treatment needs to be monitored and administered by medical professionals. 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 patient. Gym memberships would not generally be considered medical treatment, and are therefore not covered under these guidelines. The documentation submitted does not reveal that periodic assessment and revision of a documented home exercise program has not been effective. The request for a gym membership is not medically necessary.