

Case Number:	CM15-0194484		
Date Assigned:	10/08/2015	Date of Injury:	04/12/2012
Decision Date:	11/18/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/02/2015

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: 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 64 year old male, who sustained an industrial injury on 04-12-2012. He has reported subsequent left hip and leg pain and was diagnosed with tendinitis of the left gluteal tendon and chronic pain. Treatment to date has included pain medication, aquatic therapy, physical therapy, psychology sessions and lateral femoral cutaneous block, which were noted to have failed to significantly relieve the pain. In a 06-10-2015 progress note, the injured worker reported sharp lateral left hip pain with dull aching into the anterior and lateral left thigh and indicated that he had trouble keeping up with his usual routine and felt that hip pain interfered with balance. The injured worker was noted to have been pulled into a wall while walking his dog and was taking Ultram and undergoing aquatic therapy. Objective findings of the left hip showed 1+ tenderness to palpation at the lateral hip crest, more pronounced at the gluteus medius insertion, mild tenderness to palpation at the posterior left low back, internal rotation of the left hip with stiffness and minimal pain and "sensation intact to light touch at the lower extremities bilaterally but feels abnormal at left lateral thigh." The plan was to continue Ultram, aquatic therapy, investigate yoga or Tai chi and request a lateral femoral cutaneous nerve (LFCN) block. In a progress note dated 08-03-2015, the injured worker reported left hip pain radiating into the groin and testicle on the left side and burning pain along the left thigh into the hip. The injured worker reported that it was "hard to walk" due to pain. The injured worker was noted to be going to the gym 2-3 times per week and was taking oral opioid medication as needed. Aquatic therapy was noted to provide temporary relief and LFCN block was noted to be ineffective. Objective examination findings revealed bilateral hip flexion of 120 degrees, bilateral hip internal rotation of 35 degrees and bilateral hip external rotation of 45 degrees and

no reproduction of groin pain with internal or external rotation of the right hip. Work status was documented as permanent modified work but the injured worker was noted to be off work. The physician noted that a request for a gym membership at [REDACTED] via [REDACTED] x 1 year was being requested. A request for authorization of gym membership, per year was submitted. As per the 10-01-2015 utilization review, the request for gym membership, per year was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership, per year: 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), Gym Membership.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lower back - Thoracic & Lumbar (acute & chronic) chapter under Gym memberships.

Decision rationale: The current request is for GYM MEMBERSHIP, PER YEAR. Treatment to date has included pain medication, acupuncture, aquatic therapy, physical therapy, psychology sessions and lateral femoral cutaneous block. The patient is not working. MTUS and ACOEM guidelines are silent regarding gym membership. ODG guidelines Lower back - Thoracic & Lumbar (acute & chronic) chapter under Gym memberships states: Not recommended as a medical prescription unless monitored and administered by medical professionals. While a home exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision. Per report 08/03/15, the patient presents with reported left hip pain radiating into the groin and testicle on the left side and burning pain along the left thigh into the hip. The patient was noted to be going to the gym 2-3 times per week. Examination findings revealed bilateral hip flexion of 120 degrees, bilateral hip internal rotation of 35 degrees and bilateral hip external rotation of 45 degrees and no reproduction of groin pain with internal or external rotation of the right hip. The treater states that he would request financial assistance to help pay for the [REDACTED] membership so that he could have pool coverage. The patient does have chronic hip pain, with difficulty walking per report 08/03/15. However, there is no discussion as to why the patient cannot participate in traditional weight-bearing exercises. Furthermore, there are no plans for medical supervision at the pool. ODG does not support gym memberships unless there is a need for a special equipment to perform necessary exercises and adequate supervision/monitoring is provided. Therefore, the request IS NOT medically necessary.