

Case Number:	CM15-0206120		
Date Assigned:	10/22/2015	Date of Injury:	11/29/2005
Decision Date:	12/10/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/20/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

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 64 year old female patient, who sustained an industrial injury on 11-29-2005. She reported injury to the low back and left hip-leg from a fall. Diagnoses include lumbosacral pain, thoracic or lumbosacral neuritis or radiculitis, and foot pain. Per the doctor's note dated 7-30-15, she had complaints of ongoing pain and decreased range of motion in the left hip. She was completing an unknown number of physical therapy sessions with maximal benefit from treadmill and exercise bike use. The physical examination revealed tenderness, decreased range of motion, and decreased strength in the left hip and left lower extremity. The provider documented "given the fact that she has had such benefit from exercises, it is recommended she have a gym membership to continue with an exercise program." Per the doctor's note dated 9-18-15, she continued to improve and was stable with some flares in symptoms on occasion. There were no new subjective or objective findings documented. The medications list includes neurontin, prilosec, celebrex, cymbalta and trazodone. She had CT left hip and pelvis on 4/1/2015, which revealed degenerative changes. She has undergone right wrist surgery on 7/9/2009; right ankle/foot surgery on 1/11/2010 and bowel surgery on 3/26/2011 and right knee arthroscopic surgery on 2/17/2013. Treatments to date include activity modification, medication therapy including insertion of a spinal cord stimulator, physical therapy, and transforaminal epidural injections, and cortisone injections to the left hip. The appeal requested authorization for a three-month gym membership. The Utilization Review dated 9-28-15, denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership 3 months: 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), Knee and leg - Gym memberships.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Knee & Leg (updated 07/10/15), Gym memberships.

Decision rationale: Gym membership 3 months, ACOEM and CA MTUS do not address this request. Per the ODG guidelines, gym membership is "Not recommended 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. While an individual 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." Any contraindication to a simple home exercise program without specialized equipment is not specified in the records provided. Response to previous conservative therapy is not specified in the records provided. In addition per the cited guidelines "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." The medical necessity of Gym membership 3 months is not medically necessary at this time for this patient.