

Case Number:	CM15-0206182		
Date Assigned:	10/23/2015	Date of Injury:	08/17/2007
Decision Date:	12/11/2015	UR Denial Date:	10/13/2015
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: 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 52 year old male, who sustained an industrial injury on 8-17-2007. Medical records indicate the worker is undergoing treatment for common migraine and myalgia-myositis. A recent progress report dated 9-18-2015, reported the injured worker complained of headaches and unchanged nausea. Physical examination revealed the injured worker stated he was walking and riding his bike more and was not working. Treatment to date has included physical therapy and medication management. The physician is requesting Physical therapy independent gym membership. On 10-13-2015, the Utilization Review noncertified the request for Physical therapy independent gym membership.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy independent gym membership: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004.

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 records indicate the patient has ongoing headaches and nausea from an old head trauma. The current request is for physical therapy independent gym membership. I am unable to locate any records which relate specifically to this request. The UR notes state that a 9/28/15 progress report recommends continuation of testosterone secondary to narcotic induced hypo-testosterone anemia and would suggest gym membership to increase testosterone naturally. ODG guidelines Low Back chapter, Gym memberships topic, state they are, "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." Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment, and are therefore not covered under these guidelines. In this case, there is no discussion or documentation as to why the patient's Home Treatment Program is inadequate or why the patient needs special gym equipment to naturally increase testosterone. In addition, there is no duration specified in the IMR request. Lacking documentation as required by ODG above, the request is not medically necessary.