

Case Number:	CM15-0020829		
Date Assigned:	02/10/2015	Date of Injury:	08/26/2008
Decision Date:	04/01/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/04/2015

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 55 year old female who sustained an industrial injury on August 26, 2008. She has report an ankle injury and has been diagnosed with status post right ankle arthroplasty, instability of the right ankle, osteochondral defect of the right ankle, stress fracture of the talus, arthritic changes of the ankle joint, and osteochondral fracture. Treatment has included surgery, medications, and physical therapy. Currently the injured worker has mild swelling of the right ankle and tenderness to palpation of the right knee. The treatment plan included a weight loss program. On January 22, 2015 Utilization Review non certified a gym membership for six months with a heated pool citing the MTUS and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym Membership for six (6) months with a heated pool: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS: p. 22, 2010 Revision, Web Edition, Official Disability Guidelines: Chapter Low Back, Web Edition.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low back pain, Gym memberships.

Decision rationale: The patient, a 56-year-old female with an injury date of 08/26/08, presents with the request is for GYM MEMBERSHIP FOR SIX (6) MONTHS WITH A HEATED POOL. The RFA provided is dated 01/09/15. Treater progress reports were hand-written, illegible, and difficult to interpret. Patient is back on full work duty. MTUS and ACOEM guidelines are silent regarding gym membership. The ODG guidelines state that gym memberships are: 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 progress report dated 01/09/15, the patient has completed eight (8) sessions of aquatic therapy which reportedly helped with low back pain; however, there is no documentation of specific objective and subjective outcomes of this program. There is no documentation of specific need for a special equipment and why the patient is unable to do the necessary exercises at home. There is no plan for medical supervision at the gym or the pool. MTUS 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.