

Case Number:	CM15-0020963		
Date Assigned:	02/10/2015	Date of Injury:	05/16/2012
Decision Date:	04/01/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	02/03/2015

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 male who sustained an industrial injury on 05/16/2012. On progress note, the injured worker has reported that he wanted to have a gym membership. The diagnoses have included hypertension and sexual dysfunction, diabetes mellitus -2 and status post coronary artery bypass graft 4 vessels. Treatment to date has included medication. Treatment plan included gym membership for one year and medications. On 12/30/2014 Utilization Review non-certified Gym Membership for 1 Year. The CA MTUS, ACOEM Guidelines and ODG were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym Membership for 1 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).

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

Decision rationale: This patient is being treated for hypertension, sexual dysfunction, DM2, and is status post coronary artery bypass graft x2 vessels. The current request is for gym membership for 1 year. The medical file provided for review includes 1 undated progress report which states that the patient "wants to have gym membership." Physical examination on this date revealed blood pressure 114/81, weight is 211, lung is clear. Under treatment plan, recommendation was made for gym membership, metformin, and 2 other prescriptions which are handwritten and grossly illegible. Regarding gym memberships, ODG Guidelines only allow in cases where documented home exercise program with periodic assessment and revision have not been effective and there is a need for equipment. In addition, treatment needs to be monitored and administered by medical professionals. In this case, ODG does not support 1 type of exercise over another. There is no documentation of specific need for special equipment and there is no discussion as to why the patient is unable to do the necessary exercises at home. There is no plan for medical supervision at the gym and MTUS does not support gym membership unless there is a need for special equipment to perform necessary exercise and adequate supervision and monitoring is provided. The requested gym membership is not medically necessary.