MAXIMUS Federal Services

Case Number:	CM15-0036260		
Date Assigned:	03/04/2015	Date of Injury:	01/20/2012
Decision Date:	04/10/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/26/2015

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: District of Columbia, Virginia
Certification(s)/Specialty: Internal Medicine

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 57-year-old female with an industrial injury dated January 20, 2012. The injured worker diagnoses include chronic neck pain, cervical spondylosis, cervical degenerative disc disease, multilevel neural foraminal narrowing of the cervical spine, chronic low back pain, lumbar degenerative disc disease, lumbar spondylosis, bilateral knee pain, history of left knee surgery in 2012, right ankle pain, and history of right ankle stability and right ankle impingement, status post right ankle arthroscopic debridement and right ankle Brostrom procedure on 6/18/2013. She has been treated with diagnostic studies, radiographic imaging, prescribed medications, physical therapy and periodic follow up visits. According to the progress note dated 1/30/2015, the injured worker reported neck pain, right shoulder pain, low back pain and bilateral knee pain. Physical exam revealed full range of motion and mild crepitus in bilateral knees, positive Tinel's sign of the right wrist and slightly antalgic gait. The treating physician noted that the injured worker had gained some weight and would like to exercise and prescribed services for three-month gym membership with pool. Utilization Review determination on February 10, 2015 denied the request for three month gym membership with pool, citing Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Three month gym membership with pool: 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 Gym membership, low back chapter, ODG.

Decision rationale: Per ODG, this is not recommended as a medical prescription unless a home exercise program 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 advance home exercise equipment, may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervisions. With unsupervised programs, there is no information flow back to the provider, so he can make changes in the prescription, and there may be risk of further injury to the patient. Gym memberships, health clubs, swimming pools, athletic clubs etc. would not be considered medical treatment and are therefore not covered under these guidelines. For more information on recommended treatments, see Physical therapy and exercise. Per guidelines cited, this would not be indicated.