

Case Number:	CM15-0046079		
Date Assigned:	03/18/2015	Date of Injury:	06/09/2012
Decision Date:	04/23/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/11/2015

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 42 year old male, who sustained an industrial injury on 06/09/2012. He has reported injury to the low back and bilateral feet. The diagnoses have included disc disorder lumbar; low back pain; lumbar radiculopathy; plantar fasciitis. Treatment to date has included medications, injections, acupuncture, chiropractic sessions, and physical therapy. Medications have included Gabapentin, Tramadol, and Terocin Patch. A progress note from the treating physician, dated 01/14/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of bilateral foot pain that occurs all of the time; throbbing in both legs; aching and burning of Achilles tendon; and lower back pain that occurs all of the time. Objective findings included slowed and antalgic gait; tenderness and spasm to the lumbar spine paravertebral muscles; tight muscle band and trigger point noted on both sides; straight leg raising test positive on the right; bilateral tenderness to palpation and swelling to both feet. Trigger point injection was administered into the right paraspinal. The treatment plan included epidural steroid injection, pain management counseling, and a gym membership. Request is being made for Gym membership.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines knee and leg chapter, gym memberships.

Decision rationale: The patient was injured 06/09/12 and presents with bilateral foot pain, throbbing pain in both legs, and lower backache. The request is for GYM MEMBERSHIP for 6 months. There is no RFA provided and the patient is not currently working. The patient is diagnosed with disc disorder lumbar; low back pain; lumbar radiculopathy; plantar fasciitis. MTUS Guidelines do not address gym memberships. ODG, knee and leg chapter, gym memberships, state, "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." The patient has an antalgic, slow, and wide-based gait. On palpation, paravertebral muscles, spasm, tenderness, tight muscle band and trigger point is noted on both sides. Straight leg raise test is positive on the right side in supine position at 55 degrees. Tenderness to palpation is noted over the metatarsophalangeal joint of the 2nd toe, 3rd toe, 4th toe, and heel. There is no discussion provided regarding why a gym membership is needed and why the patient is not able to do home exercises. Furthermore, ODG Guidelines do not support gym memberships and there is no any discussion regarding the need for special equipment and how the patient is to be medically supervised. In this case, the treater fails to provide necessary documentation as guidelines recommend. The requested gym membership IS NOT medically necessary.