

Case Number:	CM15-0051800		
Date Assigned:	03/25/2015	Date of Injury:	01/12/2014
Decision Date:	05/01/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	03/19/2015

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: Massachusetts

Certification(s)/Specialty: Anesthesiology, Pain Management

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 32-year-old, female, who sustained a work related injury on 1/12/14. The diagnoses have included right ankle neuralgia versus chronic regional pain syndrome, osteochondral injury and lateral ankle sprain. Treatments have included a lumbar sympathetic injection on 2/18/15 with 50% pain relief for 1 week, medications and right ankle surgery in 3/201. In the PR-2 dated 3/12/15, the injured worker complains of right ankle pain with numbness and tingling in her toes. She states she has swelling, erythema and mottling of right ankle. She has pain with range of motion of right ankle. She has swelling of right ankle. She has decreased sensation to right ankle. She has allodynia of right ankle and foot. The treatment plan is a request for authorization of a gym membership.

IMR ISSUES, DECISIONS AND RATIONALES

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

One year gym membership (per report dated 03/06/15): 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), Ankle & Foot, Gym memberships.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

Decision rationale: The ACOEM Chapter 14 on Ankle indicates that specialized treatments or referrals require a rationale for their use. According to the documents available for review, there is no rationale provided to support a one-year gym membership. Home based therapy or physical therapy is supported by the MTUS. Therefore, at this time, the requirements for treatment have not been met, and medical necessity has not been established.