

Case Number:	CM15-0088710		
Date Assigned:	05/12/2015	Date of Injury:	04/16/2007
Decision Date:	06/12/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/08/2015

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: Physical Medicine & Rehabilitation, 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 43-year-old male, with a reported date of injury of 04/16/2007. The diagnoses include right foot pain, femoral acetabular impingement, labral tear of the hip, hip pain, non-union of fracture, and closed metatarsal fracture. Treatments to date have included a bone growth stimulator, an x-ray of the right hip that showed the development of arthritis, x-rays of the right foot showed a non-union fracture of the proximal fifth metatarsal, and home exercise program. The medical report dated 04/09/2015 indicates that the injured worker had right foot pain. He continued to have intermittent cracking and popping in the foot that increased with walking and if he stepped on uneven surfaces. The injured worker felt that his walking was getting better and if his pain was decreased. He also had intermittent popping in the hips and pain greater on the left. The objective findings include an antalgic gait, no tenderness to palpation of the bilateral hips, limited rotation of the bilateral hips with groin pain, mild lateral mid-foot swelling of the right foot, full range of motion of all joints in the right foot without pain or crepitus, and tenderness to palpation better over the proximal fifth metatarsal in the right foot. The treating physician requested a 2-year gym membership. It was noted that the injured worker did not have access to an aquatic program, so the physician felt that he should be provided with the gym membership.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 Year Gym Membership: 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 (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), Gym memberships and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6: p87.

Decision rationale: The claimant sustained a work injury in April 2007 and continues to be treated for right hip and foot pain. He had bilateral arthroscopic hip surgery in 2009 and is also being treated for a right proximal fifth metatarsal fracture with nonunion. When seen, he was having ongoing foot and hip pain with intermittent cracking and popping. Physical examination findings included a normal BMI of 23. He had an antalgic gait. There was decreased and painful hip range of motion and right fifth metatarsal tenderness. Recommendations included continuation of a home exercise program. The assessment references continuation of an aquatic program, which the claimant does not have access to. Authorization for a two-year gym membership was requested. A gym membership is not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. If a membership is indicated, continued use can be considered if can be documented that the patient is using the facility at least 3 times per week and following a prescribed exercise program. In this case, there is no documentation of a prescribed exercise program. If a membership were indicated, a 2-year membership would be excessive. Therefore, the gym membership as was requested is not medically necessary.