

Case Number:	CM14-0133372		
Date Assigned:	08/22/2014	Date of Injury:	04/11/2010
Decision Date:	09/29/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/20/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 45-year-old female who has submitted a claim for left knee status post arthroscopic chondroplasties, left hip bursitis, and bilateral ankle sprain/strain left greater than right associated with an industrial injury date of April 11, 2010. Medical records from 2011 through 2014 were reviewed, which showed that the patient complained of low back pain, left ankle pain and left knee pain. Examination showed antalgic gait and positive straight leg raise test. Treatment to date has included medications, epidural steroid injection, bracing, acupuncture, and surgery. Utilization review from July 22, 2014 denied the request for Pool/Gym Membership because pool and gym membership were not considered medical treatment. Most of the documents submitted contain pages with handwritten and illegible notes that were difficult to decipher. Pertinent information may have been overlooked due to its incomprehensibility.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pool/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 Low Back Chapter.

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 Chapter, Gym Membership.

Decision rationale: The CA MTUS does not address the topic of gym membership specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Low Back Chapter, Gym Membership was used instead. It states that gym memberships are not recommended as a medical prescription unless the documented home exercise program has been ineffective and there is a need for specialized equipment; treatment needs to be monitored and administered by medical professionals. In this case, the request for gym/pool membership was made so that the patient could proceed with a self-directed home exercise program. However, there was no discussion regarding the need for certain gym equipment and whether treatment will be monitored or administered by a health professional. The medical necessity for a gym membership has not been established. There is likewise no compelling rationale for water-based therapy based on the records submitted. Therefore, the request for Pool/Gym Membership is not medically necessary.