MAXIMUS Federal Services

Case Number:	CM14-0140120		
Date Assigned:	09/08/2014	Date of Injury:	08/04/2011
Decision Date:	10/16/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/29/2014

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 Family Medicine, 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 injured worker is a 58 year old female who sustained injuries to her bilateral ankles on 08/04/11 while performing her usual and customary duties as a computer lab technician; she sustained injuries while moving the computer laboratory to another building. The injured worker was referred for a course of aquatic therapy, as well as 1 time demonstration of a home exercise program in combination with the use of prescribed home stimulation and thermo 4 unit appliance, all which provided some level of benefit. Authorization was requested for a 6 month gym membership with pool access, which was eventually certified. On 03/05/12, the injured worker was released to return to full work with modified duties. On 06/26/12, the injured worker had continued right ankle symptoms and was referred for diagnostic ultrasound of the bilateral ankles which was unremarkable. The progress report dated 07/23/14 reported that the injured worker continued to have ongoing bilateral ankle pain. Physical examination of the right ankle noted slight pes plantars and tenderness; slight swelling in the left lower extremity with diffused sensitivity. Treatment plan included internal medicine consult due to aggravation of the phlebitis to the left lower extremity, 6 months of gym/pool membership, continued home exercise program, and follow up visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 month gym membership with pool, per 7/23/2014 form: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle and foot chapter, Gym memberships

Decision rationale: The request for a 6 month gym membership with pool, per 07/23/14 form is not medically necessary. The CA MTUS states that there is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. Current guidelines state that in regards to gym membership, this is not a medical treatment. It is a fitness program. Fitness programs are generally not recommended by state or federal programs because they do not represent medical treatment and they are not administered by a licensed physical therapist one on one as is required for physical therapy. In this case, the injured worker has been approved for a gym membership in 2012; however, the injured worker's response from prior care was not outlined. Thus, the request was not deemed as medically appropriate. The Official Disability Guidelines state that gym memberships are not recommended as a medical prescription unless a home exercise program has not been effective and there is 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 advanced home exercise equipment may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for injured workers who need more supervision. Given this, the request for a 6 month gym membership with pool, per 07/23/14 form is not indicated as medically necessary.