MAXIMUS Federal Services

Case Number:	CM14-0143798		
Date Assigned:	09/15/2014	Date of Injury:	11/18/2013
Decision Date:	10/15/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	09/05/2014

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 Occupational 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:

This is a 51-year-old male with a date of injury of 11/18/13. The mechanism of injury occurred when a large metal heavy object fell on him and crushed his lower half of the body. He sustained a crush injury to his left knee and traumatic laceration on the proximal edge of the calf muscle below the crease of the knee. He also sustained a hip fracture and underwent ORIF (Open Reduction and Internal Fixation) on 11/21/13. On 7/2/14 he complained of right foot weakness and left foot numbness. The plan was to continue with physical therapy. On exam of his extremities, there was no edema and there was normal full range of motion in all joints. The diagnostic impression is difficulty in walking.Treatment to date: ORIF of hip on 11/21/14, physical therapy, and medication management.A UR decision dated 8/8/14 denied the request for health club membership. The gym membership was denied because the patient underwent ORIF on 11/21/13. Post-op he has continued rehabilitation through a formal physical therapy program. There is now a request for gym membership for aqua therapy interspersed with his ongoing physical therapy. However, no documentation of medical necessity, supported by high-quality scientific evidence-based guidelines, has been submitted to justify this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Health club membership: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: CA MTUS does not address this issue. ODG does not recommend gym memberships unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. In addition, treatment needs to be monitored and administered by medical professionals. However, there is no evidence that attempts at home exercise were ineffective. There is no evidence that the patient would require specialized equipment. There is also no indication that treatment will be administered and monitored by medical professionals. In addition, gym memberships, health clubs, swimming pools, athletic clubs, etc., are not generally considered medical treatment. Recommend non-certification. However, there is no documentation that a home exercise program with periodic assessment and revision has been ineffective or attempted and that there is a need for special equipment. On 7/2/14 the plan was for the patient to continue with his physical therapy. A specific rationale identifying why a health club membership would be required in this patient despite lack of guideline support was not identified. In addition, the request for health club membership does not specify a time limit. Therefore, the request for a health club membership was not medically necessary.