

Case Number:	CM14-0154749		
Date Assigned:	09/24/2014	Date of Injury:	07/30/2012
Decision Date:	10/27/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/22/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine 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 32-year-old male with date of injury of 07/30/2012. The listed diagnoses from 09/04/2014 are: 1.Right hip posttraumatic symptomatic heterotopic ossification from anterior, inferior, iliac spine extending down on to proximal anterior femur.2.Trochanteric bursitis.3.Bilateral lower extremity incomplete paresthesias with recurrent muscle spasms.4.History of cervical and thoracic fusion with later stem cell implantation and immunosuppressants. According to this report, the patient is continuing with his physical therapy and rehabilitation to his right hip and paraplegic condition. He continues to do standing activities for bilateral lower extremities and has been noticing increasing symptoms during his range of motion and stretching exercises as well as standing platform exercises, which irritates the front of his hip. He gets an aching sensation over the anterior hip flexors as well.

The patient does not report any new injuries or new medications. He is continuing to follow up annually in Switzerland for his lumbar spinal cord graft. The examination shows the patient is 6 feet 1 inch, 310 pounds, in no acute distress. The patient has gross sensation to movement of the bilateral lower extremities with the exception of mild sensation over the anterolateral thighs; however, this is complete. He continues to be unable to move his toes, ankles, and knees bilaterally. Right hip has internal rotation of 15 degrees, external rotation of 30 degrees, and 0 to 110 degrees of flexion with pain during deep flexion. There is a positive impingement and FABER's test. The utilization review denied the request on 09/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Three months of gym membership [REDACTED]: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Gym Membership and [http://\[REDACTED\]/](http://[REDACTED]/)

Decision rationale: This patient presents with right hip and paraplegic condition. The treater is requesting 3 months of gym membership for [REDACTED]. The MTUS guidelines recommend exercise but states that there is no sufficient evidence to support the recommendation of any particular exercise regimen over any exercise regimen. ODG Guidelines do not recommend gym memberships as medical treatments. They are not recommended as a prescription unless a documented home exercise program with periodic assessment and revisions have not been effective; there is a need for equipment; and treatment needs to be monitored and administered by a medical professional. [REDACTED]

[REDACTED] provides exercises and proper stimulation for an optimal functional outcome to maximize the potential of individuals suffering from spinal cord injuries and other neurological disorders. The records show that the patient has been utilizing [REDACTED] since 12/05/2013. There are no reports from [REDACTED] to show how often the patient is utilizing this gym, for how long and what exercises and equipment are used during his sessions. In this case, this patient presents with a condition that would benefit from a specialty treatment center focused on helping patients with spinal cord injuries. Furthermore, this facility is monitored and staffed by medical professionals. The request is medically necessary and appropriate.