

Case Number:	CM13-0029313		
Date Assigned:	05/11/2015	Date of Injury:	01/14/2013
Decision Date:	06/03/2015	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	10/16/2013

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: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 47-year-old female, who sustained an industrial injury on 01/14/2013. The initial complaints or symptoms included neck, low back, right knee and right ankle pain followed by left knee and ankle pain a few weeks later from over compensation. The injured worker was diagnosed as having cervical musculoligamentous strain/sprain, lumbar musculoligamentous strain/sprain, bilateral knee sprain, patellofemoral arthralgia, right contusion, left knee sprain, bilateral ankle/foot sprain, right ankle contusion, and left ankle sprain. Treatment to date has included conservative care, medications, x-rays, MRIs, and conservative therapies. Several documents within the submitted medical records are difficult to decipher; however, it was noted that the injured worker complains of in the right lower extremity. The injured worker noted decreasing pain with pool therapy. The diagnoses include cervical spine strain/sprain, lumbar spine strain/sprain, right knee contusion, and left knee sprain. The request for authorization included a 6-month gym membership with the YMCA for continued therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership with YMCA 6 months: 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), Gym Memberships.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Gym membership.

Decision rationale: Pursuant to the Official Disability Guidelines, 6 months gym membership YMCA is not medically necessary. Gym memberships are not recommended as a medical prescription unless a documented home exercise program periodic assessment, revision has not been effective, and there is a need for equipment. In addition, treatment needs to be monitored and administered by medical professionals area with unsupervised programs, there is no information flow back to the provider, so he or she can make changes in the prescription, and there may be risk of further injury to the patient. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment and are therefore not covered under these guidelines. In this case, the injured worker's working diagnoses are cervical spine sprain/strain; lumbosacral spine sprain/strain; right knee contusion/pain/PEA; and left knee sprain. The documentation contains flowcharts indicating continued ongoing therapy at the YMCA. There are no compelling clinical facts in the medical record indicating additional physical therapy (aquatic therapy) is clinically indicated. The injured worker has received extensive therapy and aquatic therapy and should be well versed in the exercises to engage in a home exercise program (self-guided pool program). Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment and are therefore not covered under these guidelines. Consequently, absent guideline recommendations referencing gym memberships and medical treatment, 6 months gym membership YMCA is not medically necessary.