

Case Number:	CM14-0211556		
Date Assigned:	12/24/2014	Date of Injury:	04/10/2003
Decision Date:	02/24/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	12/17/2014

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. 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabn, Neuromuscular 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 patient is a 62 year old male who had a work injury dated 4/10/03. The diagnoses include status post left shoulder surgery; status post laceration of the left hand; status post right total hip arthroplasty for severe arthritis in the right hip, performed on 5/27/10; status post right hip capsulectomy and heterotopic bone excision, performed on 6/2/11; right sciatic nerve dysfunction, with clinical evidence of foot drop; advanced degenerative joint disease of the knees, necessitating bilateral total knee replacement. Under consideration is a request for 1 gym membership for 6 months. There is an 11/24/14 orthopedic consultation and report reports that the patient ■ states that on 4/10/03 he was up on a scaffolding two stories high when the scaffolding collapsed and he fell through a second story window in an adjacent building, landing on his left shoulder. He had a severe injury to the left shoulder, and had to have shoulder surgery for a dislocation. The fall also aggravated the pain he was having in both of his knees and in his right hip. Postoperatively, he required a shoulder manipulation followed by two months of physical therapy. He remained off work for two months, and then returned to work performing his usual and customary duties. In 2006, he saw a physician about his knees, and was told that he had severe arthritis. He was given a Synvisc injection into his left knee, which did not help. He had to stop working on 10/23/07 because of his knee problems. The patient states that he has weakness and numbness in his right foot. He has a right foot drop, and he has to wear a plastic brace to support the foot. He states that he has pain in his right hip and occasional clicking. He is able to walk for about 45 minutes before he has to stop walking, primarily because of right hip pain. He states that his knees are doing quite well. He states that he has occasional slight pain in

the knees. He states that he has pain and stiffness in his left shoulder whenever he tries to raise his arm up. On examination there was slight atrophy of the left supraspinatus muscle. There was slight tenderness in the lateral left shoulder. The left shoulder abduction was 90 degrees forward flexion was 90 degrees, external rotation was 40 degrees, and internal rotation was 55 degrees. Right shoulder abduction was 90 degrees, forward flexion was 90 degrees, external rotation was 70 degrees, and internal rotation was 60 degrees. There was tenderness in the anterior right hip. Right hip flexion was 80 degrees, extension was full, external rotation was 45 degrees, internal rotation was 15 degrees, and abduction was 20 degrees. There was no tenderness to palpation over the knees. The patient had full extension of both knees, with 110 degrees of flexion on the right and 105 degrees of flexion on the left. Sensation was diminished in the right foot. Plantar flexion strength of the right ankle was 4/5. Dorsiflexion strength of the right ankle was 1/5. There was marked dorsiflexion weakness in the right ankle. X-rays of the right hip and both knees were obtained in office today, and were reviewed by the documenting physician. The physician documents that there appears to be an uncemented right total hip arthroplasty with no evidence of loosening. There is evidence of bilateral total knee replacement surgery, uncemented, without any evidence of loosening. The components appear to be in good position. The discussion states that the patient has a complex medical history involving multiple surgical interventions, as described above, for industrial injuries both on a specific trauma and a repetitive trauma basis. On examining this patient, his condition appears to be stable, and there does not appear to be any immediate need for ongoing intervention. A short course of physical therapy or chiropractic therapy would not significantly alter the patient's clinical course, and it does not appear that he requires any further surgery. The patient's foot drop has been going on for so long that it is probably permanent at this time. A different physician had recommended a gym membership to allow this patient to use a swimming pool for rehabilitation purposes. The documenting physician states that he will request a gym membership for the patient.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 gym membership for 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- Hip & Pelvis (Acute & Chronic)

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: Gym memberships

Decision rationale: 1 gym membership for 6 months is not medically necessary per the ODG. The MTUS does not specifically address gym memberships. The ODG does not recommend gym membership as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals. 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. The documentation submitted does not reveal that periodic assessment and revision of a documented home exercise program has not been effective. The request for 1 gym membership for 6 months is not medically necessary.