MAXIMUS Federal Services

Case Number:	CM15-0109056		
Date Assigned:	06/15/2015	Date of Injury:	06/29/2012
Decision Date:	07/20/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	06/05/2015

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, North Carolina
Certification(s)/Specialty: Family Practice

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 44 year old female with an industrial injury dated 6/29/2012. The injured worker's diagnoses include cervicalgia, low back pain, shoulder pain, knee pain, cervical spondylosis without myelopathy, cervical radiculopathy/radiculitis, lumbar or thoracic radiculitis/radiculopathy, lumbosacral spondylosis without myelopathy, myofascial pain, internal derangement of knee, and gastroesophageal reflux. Treatment consisted of diagnostic studies, prescribed medications, trigger point injections, chiropractic treatments and periodic follow up visits. In a progress note dated 04/22/2015, the injured worker reported neck, lower back, shoulder and right knee pain. Objective findings revealed antalgic gait, favoring right lower extremity and tenderness to palpitation around the right knee with lateral edema. Tenderness to palpitation in quadriceps, anterio tibialis, peroneus longus and other muscles surrounding the right knee with trigger points with twitch response, infrapatellar swelling of the right knee and positive twitch response in lumbar region were also noted on examination. The treating physician prescribed services for gym membership for six months now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym Membership for six 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, Low Back, Lumbar and Thoracic, 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) Low back chapter, gym membership.

Decision rationale: CA MTUS Guidelines do not address gym membership. The ODG do not recommend gym memberships, as they are not considered medical treatment. Gym membership is not recommended as a medical treatment unless a home exercise program has not been effective and there is a requirement for specialized equipment. In addition, treatment needs to monitored and administered by medical professionals. In this case, the patient had recently purchase an exercise bicycle for home use. In this case there was no evidence that a home exercise program has been ineffective or specialized equipment is needed. There was also a lack of documentation to support non-adherence to guideline recommendations. Thus this request is deemed not medically necessary or appropriate.