

Case Number:	CM15-0119530		
Date Assigned:	06/30/2015	Date of Injury:	07/01/2000
Decision Date:	07/29/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	06/22/2015

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: Arizona, California
 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 (IW) is a 50-year-old male who sustained an industrial injury on 07/01/2000. Diagnoses include failed left total hip replacement. Treatment to date has included medications, physical therapy, surgery and activity modification. According to the progress notes dated 5/26/15, the Injured Worker reported a fall that impacted his knee and injured his hand, shoulder and lower back. He was scheduled to be seen by another provider for a possible vertebroplasty. On examination, the left shoe still needed built up ½ inch to balance the Injured Worker's gait to prevent further falls. It was also noted the Injured Worker needed a support stocking on the left leg for swelling. A request was made for gym membership for gait rehab, fall prevention aqua therapy and core retraining.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym 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 ODG- pain chapter and sym membership- pg 53.

Decision rationale: There is no evidence to support a gym membership alone would benefit pain management. Furthermore, the ODG guidelines indicate that gym memberships are not recommended as a medical prescription unless there is documented need for equipment due to failure from home therapy. With unsupervised programs, there is no feedback to the treating physician in regards to treatment response. In addition, in this case, the claimant was prescribed pool therapy and wt loss therapy in 2013. Response and length of intervention was not provided. A gym membership is not justified and is not medically necessary.