

<b>Case Number:</b>	CM15-0127730		
<b>Date Assigned:</b>	07/14/2015	<b>Date of Injury:</b>	01/23/2010
<b>Decision Date:</b>	08/13/2015	<b>UR Denial Date:</b>	06/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2015

### 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

Certification(s)/Specialty: Emergency 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 39 year old male who sustained an industrial /work injury on 1/23/10. He reported an initial complaint of left hip pain. The injured worker was diagnosed as having pain in the joint pelvic region and thigh and articular cartilage disorder pelvic region and thigh. Treatment to date includes medication, surgery (left hip arthroscopy with decompression, debridement of labral tear, removal of loose bodies, left hip open excision of heterotopic ossification anterolateral hip and fluoroscopic assistance and interpretation for the left hip arthroscopy and removal of heterotopic ossification on 9/11/14). Currently, the injured worker complained of flare up reaction in his left hip that radiates down the legs. Per the primary physician's report (PR-2) on 3/6/15, exam noted normal gait, clicking palpable with internal and external rotation in the left hip with slight tenderness at the anterior aspect of the hip which is decreased compared where it was previously from his last excision in the left hip. The right hip is well muscled with no deformity, no obvious masses or muscle atrophy, no tender points, no palpable crepitus or clicking. Hip joint range of motion is full, bilaterally. Current plan of care included medication. The requested treatments include Gym membership left hip.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gym membership left hip:** 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 (updated 10/09/14)-Online Version, 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) Hip and pelvis: Gym membership.

**Decision rationale:** MTUS Chronic pain and ACOEM Guidelines do have any sections that relate to this topic. As per Official Disability Guidelines, Gym memberships are not recommended unless there is failure of home exercise or need for specific equipment. They are not supervised, are not being assessed by medical professionals and therefore are not considered medical treatment with no appropriate documentation or information returning to provider. While continued exercise is recommended, Gym membership is not medically necessary.