

Case Number:	CM15-0041151		
Date Assigned:	03/11/2015	Date of Injury:	11/05/2013
Decision Date:	06/02/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	03/04/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 49-year-old male, who sustained an industrial injury on 11/5/2013. He has reported being pinned behind eight slabs of granite subsequently injury the back, right leg, and right hip and femur. He is status post Open Reduction and Internal Fixation (ORIF) of the right femur. The diagnoses have included rule out left knee internal derangement, rule out lumbar disk herniation, and status post right femur fracture. Treatment to date has included medication therapy and physical therapy. Currently, the IW complains of low back pain and radiation to right lower extremity rated 7/10 without medication and 4/10 VAS with medication. The physical examination from 1/19/15 documented no changes. The plan of care included medication therapy as previously prescribed and a request for a gym membership due to not having the equipment at home to complete exercises taught by physical therapy.

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: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Knee/Leg Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 & 9792.26 MTUS (Effective July 18, 2009) Page(s): 46-47 of 127. Decision based on Non-MTUS Citation x Official Disability Guidelines (ODG), Low Back and Hip/Pelvis Chapters, Gym Memberships.

Decision rationale: Regarding request for gym membership, Chronic Pain Medical Treatment Guidelines state that exercise is recommended. They go on to state that there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. ODG states the gym memberships are not recommended 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 a risk of further injury to the patient. Within the documentation available for review, there is no indication that the patient has failed a home exercise program with periodic assessment and revision and that a medical professional would be directly overseeing the gym exercise program. In the absence of such documentation, the currently requested gym membership is not medically necessary.