

<b>Case Number:</b>	CM15-0076176		
<b>Date Assigned:</b>	04/27/2015	<b>Date of Injury:</b>	01/17/2002
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	04/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2015

### 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 68 year old, male who sustained a work related injury on 1/7/02. The diagnoses have included multiple trauma from motor vehicle accident, critical illness neuropathy and traumatic brain injury. The treatments have included medications and compression stockings. In the PR-2 dated 12/18/14, the injured worker complains of ongoing swelling of legs. He complains of more constant tingling in his legs. The treatment plan is recommendations for a gym membership and for custom compression stockings.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gym membership: five times per week for one to two hours for twenty-four (24) 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.

**MAXIMUS guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Exercise, Pages 46-47 Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Gym Memberships.

**Decision rationale:** The requested Gym membership: five times per week for one to two hours for twenty-four (24) months, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Exercise, Pages 46-47, note that exercise is "Recommended. There is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. There is insufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen." Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic), Gym Memberships, note that gym memberships are "Not recommended as a medical prescription unless a home exercise program has not been effective and there is a need for equipment. In addition, treatment needs to be monitored and administered by medical professionals. While an individual exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment, may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision. 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." The injured worker has ongoing swelling of legs. He complains of more constant tingling in his legs. The treating physician has not documented failed home exercise or specific equipment needs that support the medical necessity for a gym membership. The treating physician has not documented monitored attendance nor objective evidence of derived functional benefit from completed gym usage, such as improvements in activities of daily living, reduced work restrictions, or decreased reliance on medical intervention. The criteria noted above not having been met, Gym membership: five times per week for one to two hours for twenty-four (24) months is not medically necessary.

**Custom compression stockings bilateral with dipper fit BK; two (2) pairs:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines -Knee and Leg.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.nlm.nih.gov](http://www.nlm.nih.gov) Home Medical Encyclopedia, compression stockings.

**Decision rationale:** The requested Custom compression stockings bilateral with dipper fit BK; two (2) pairs, is not medically necessary. CA MTUS and ODG are silent, and [www.nlm.nih.gov](http://www.nlm.nih.gov) – Home - Medical Encyclopedia noted compression stockings can be used for venous insufficiency. The injured worker has ongoing swelling of legs. He complains of more constant tingling in his legs. The treating physician has not documented the medical necessity for new custom stockings as it is noted that the injured worker is using compression stockings. The criteria noted above not having been met, Custom compression stockings bilateral with dipper fit BK; two (2) pairs is not medically necessary.

