MAXIMUS Federal Services

Case Number:	CM15-0077220		
Date Assigned:	04/28/2015	Date of Injury:	12/19/2006
Decision Date:	05/26/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/22/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal 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 53 year old male, who sustained an industrial injury on 12/19/2006. The mechanism of injury is not indicated. The injured worker was diagnosed as having intracerebral hemorrhage, hemiplegia affecting non-dominant side, speech disturbance, ankle and foot sprains/strains. Treatment to date has included gym membership, medications, and home exercise program. The request is for a one-year gym membership. On 3/23/2015, he is reported to be going to the gym 5-6 days a week. He has left shoulder stiffness and occasional pain. His wife indicates that his speech is still occasionally confused with mixing up topics and persons. The treatment plan included: home exercise program, continue gym program for a year, and follow up in 2 months, and Viagra.

IMR ISSUES, DECISIONS AND RATIONALES

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

One year gym membership: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Gym membership.

Decision rationale: Pursuant to the Official Disability Guidelines, one-year gym membership is not medically necessary. Gym memberships are not recommended as a medical prescription unless a documented home exercise program 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 area 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. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment and are therefore not covered under these guidelines. In this case, so the injured worker's working diagnoses are spastic left hemiplegia post intracranial hemorrhage; dysarthria; and decreased concentration. The treatment plan states the injured worker has been enrolled in a gym membership starting May 2014. The gym membership is a self-directed program. The guidelines state treatment needs to be monitored. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment and are therefore not covered under these guidelines. The injured worker was enrolled and is seeking additional enrollment in a gym membership that is self-directed. Consequently, absent clinical documentation of a supervised gym membership program where gym memberships are not considered medical treatment and therefore not covered under the Official Disability Guidelines, one-year gym membership is not medically necessary.