

Case Number:	CM15-0091296		
Date Assigned:	05/15/2015	Date of Injury:	02/01/2000
Decision Date:	06/16/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/12/2015

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: Massachusetts

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 58 year old male who reported an industrial injury on 2/1/2000. His diagnoses, and/or impressions, are noted to include: obesity; coronary artery disease; diabetes mellitus; coronary atherosclerosis of native coronary artery; hyperlipidemia; Testosterone deficiency; history of coronary artery bypass graft (CABG) surgery, x 2; memory difficulties / change, fatigue and erectile dysfunction. His treatments have included CABG x 2; Steroid therapy; laboratory studies and diagnostic evaluations; a stress echocardiogram on 9/16/2014, and medication management. The progress notes of 1/15/2015 reported cardiovascular concerns, following testing which revealed a Testosterone deficiency; resuming his diabetic medications; not being on a Statin drug; and feeling anxious to start an exercise program. The objective findings were noted to include multiple abnormal laboratory and / or stress-echocardiogram findings. The physician's requests for treatments were noted to include a Gym membership.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym Membership (Duration not Indicated): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), Gym memberships and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6: p87.

Decision rationale: The claimant sustained a work injury in February 2000. He has significant cardiovascular disease and underwent a total muscle coronary artery bypass. When seen, he was anxious to begin an exercise program. He has multiple other comorbid medical conditions including diabetes, hyperlipidemia, and obesity. A gym membership is 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. If a membership is indicated, continued use can be considered if can be documented that the patient is using the facility at least 3 times per week and following a prescribed exercise program. In this case, there is no documentation of a prescribed exercise program or need for specialized equipment. The claimant has a significant cardiovascular history and a safe exercise program would need to be established, likely requiring limited duration skilled therapy guidance. Therefore, the requested gym membership is not medically necessary or appropriate.