

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

Dated: 10/18/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/16/2013
Date of Injury:	2/17/2009
IMR Application Received:	7/25/2013
MAXIMUS Case Number:	CM13-0003404

- 1) MAXIMUS Federal Services, Inc. has determined the request for one year gym membership at [REDACTED] **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/25/2013 disputing the Utilization Review Denial dated 7/16/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/31/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for one year gym membership at [REDACTED] **is not medically necessary and appropriate.**

### **Medical Qualifications of the Expert Reviewer:**

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice and is licensed to practice in California. 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 treatments and/or services at issue.

### **Case Summary:**

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 16, 2013:

This is an injured worker with date of injury 02/17/2009. The patient was last evaluated on July 9, 2013. The patient presented for medication maintenance. The patient was active in water therapy and requested additional therapy. There was a request for gym membership to continue making progress in her exercise regimen. The patient reported left knee and low back pain. The pain was made worse with activity. The pain at best was 5/10 and at worse was 7/10. The patient was using Oxycodone, Percocet, Sonata, Lexapro, Flexeril and Ibuprofen. Physical examination revealed antalgic gait without the use of a device and slow transfer. There was no evidence of overmedication, sedation or withdrawal. The patient was recommended to continue with aquatic therapy.”

### **Documents Reviewed for Determination:**

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application for Independent Medical Review
- Utilization Review Determination from Claims Administrator
- Employee medical records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for one year gym membership at [REDACTED]:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Official Disability Guidelines (ODG) – Low Back Chapter, (section not cited), which is a medical treatment guideline (MTG), not part of the California Medical Treatment Utilization Schedule (MTUS) and MTUS §9792.20(f), Functional Improvement. The Expert Reviewer found the Medical Treatment Utilization Schedule (MTUS), pg. 27 and 98, which part of the California Medical Treatment Utilization Schedule (MTUS) and on the Official Disability Guidelines (ODG) – Gym Memberships, a MTG not part of the MTUS

Rationale for the Decision:

The employee was injured on 2/17/09 and has experienced pain in the left knee and bilateral low back. The record indicates that the employee has received aqua therapy for the employee's chronic regional pain syndrome, back pain and fatigue. The medical records dated 6/12/13 note that the employee has subjective findings of fatigue and slow gait. The record also indicates that the employee is immobile 75% of the day. The request was submitted for one year gym membership at [REDACTED].

The MTUS guidelines recommend active therapy (aqua therapy) up to 10 visits as the upper limit. The medical records submitted for review indicate that the patient has completed at least 9 aqua therapy sessions. The medical records indicate that the patient has not received significant benefit from a month of aqua therapy. Moreover, according to the ODG, 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, guidelines indicate that treatment needs to be monitored and administered by medical professionals. In this patient's case the gym membership is not evidenced to be under supervised medical intervention. Finally, there is no clinical support or evidence that a year membership would provide significant functional improvement. The request for one year gym membership at [REDACTED] **is not medically necessary or appropriate.**

**Effect of the Decision:**

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely;

Richard C. Weiss, MD, MPH, MMM, PMP  
Medical Director

cc: Department of Industrial Relations  
Division of Workers' Compensation  
1515 Clay Street, 18<sup>th</sup> Floor  
Oakland, CA 94612

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Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.