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## Independent Medical Review Final Determination Letter

214

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

Dated: 12/26/2013

<b>IMR Case Number:</b>	CM13-0024240	<b>Date of Injury:</b>	06/04/2003
<b>Claims Number:</b>	[REDACTED]	<b>UR Denial Date:</b>	08/20/2013
<b>Priority:</b>	STANDARD	<b>Application Received:</b>	09/13/2013
<b>Employee Name:</b>	[REDACTED]		
<b>Provider Name:</b>	[REDACTED]		
<b>Treatment(s) in Dispute Listed on IMR Application:</b>			
GYM MEMBERSHIP X 6 MONTHS WITH A POOL			

DEAR [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: OVERTURN. This means we decided that all of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH  
Medical Director

cc: Department of Industrial Relations, [REDACTED]

## HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine 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 physician 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/services.

### DOCUMENTS REVIEWED

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

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

### CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

**CLINICAL SUMMARY:** All medical, insurance, and administrative records provided were reviewed.

The applicant is a represented [REDACTED] employee who has filed a claim for chronic hip and bilateral knee pain, reportedly associated with an industrial injury of June 4, 2003.

Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; and consultation with an orthopedic knee surgeon, who has apparently endorsed a total hip arthroplasty with the grounds that the applicant try and lose weight prior to pursuit of a recommended total knee arthroplasty.

In a Utilization Review Report of August 21, 2013, the claims administrator denied a request for a six-month gym membership with a pool component.

A later note of September 23, 2013 is notable for comments that the applicant has gained another 2 pounds. His weight loss program apparently ceased and the applicant began gaining weight. He stands 5 feet 11 inches tall and weighs 295 pounds. He has severely limited hip range of motion. It is stated that the applicant's attempts to lose weight have been unsuccessful. It is stated that surgery should be deferred until the applicant reaches his target goal of 250 pounds. He presently weighs 295 pounds. Earlier notes of September 4, 2012 and September 11 2012 refer to the applicant weighing 287 pounds. The applicant had reportedly lost 11 pounds at that point. He was happy with the weight loss program at that point. The applicant was again placed off of work, on total temporary disability, and asked to get his weight down to 250

pounds through dieting and exercise. On August 16, 2013, the applicant was described as having gained 5 pounds and weighing 293 pounds. He had severe degenerative changes of the hip and was again asked to try and attain a target weight of 250 pounds before pursuing a hip arthroplasty.

### **IMR DECISION(S) AND RATIONALE(S)**

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

#### **1. Gym membership for six months with a pool is medically necessary and appropriate.**

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), gym memberships, which is not part of the MTUS

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Aquatic therapy, page 22, which is part of the MTUS, and the Official Disability Guidelines (ODG), Low Back Chapter, Gym Memberships, which is not part of the MTUS.

The Physician Reviewer's decision rationale:

The MTUS does not specifically address the topic of the gym memberships for weight reduction purposes. MTUS 9792.20J allows reviewing physician to select nationally recognized guidelines if an MTUS topic does not address a request. AETNA is a Nationally Recognized Organization with affiliates in multiple states. As noted by AETNA, a weight reduction program can be considered medically necessary in individuals with a BMI greater than 30 who try and fail to lose weight through conventional dieting and exercise for a period of six months. In this case, the applicant has, indeed, tried and failed to successfully lose weight over what amounts to a period of several years through conventional dieting and exercise. The applicant is a severely obese individual in whom reduced weightbearing is desirable, it is further noted, supporting the request for the aquatic portion of the gym membership, as noted on the page 22 of the MTUS Chronic Pain Medical Treatment Guidelines. Provision of a gym membership with an aquatic component will likely be beneficial in the morbid obesity context present here as the applicant may theoretically be able to lose weight more effectively with the aquatic portion of the membership. The ODG Low Back Chapter Gym Membership Topic does state that gym memberships can be provided in individuals in whom documented home exercise programs have been ineffectual. In this case, there is a need for a specialized service, specifically the aquatic portion of membership. Therefore, on balance, providing the gym membership with an aquatic component is indicated here as it would facilitate this morbidly obese applicant's efforts to lose weight and obtain the proposed hip arthroplasty. Therefore, the original utilization review decision is overturned. **The request for gym membership for six months with a pool is medically necessary and appropriate.**

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.

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[REDACTED]

CM13-0024240