

Case Number:	CM14-0142334		
Date Assigned:	09/10/2014	Date of Injury:	06/16/2010
Decision Date:	10/21/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	09/02/2014

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. The expert reviewer is Board Certified in Family 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 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 61 year old female whose date of injury is 06/16/2010. The mechanism of injury is not described. Treatment to date includes physical therapy and home exercise program. Most recent clinic note dated 06/25/14 indicates that the injured worker complains of right hip pain rated as 3/10 that comes and goes. Current medications include Wellbutrin, Adderall, HCTZ, Synthroid, Protonix, Claritin, Imitrex, Zofran. Physical examination notes only right hip decreased painful external rotation. Diagnoses are hip fracture, chronic pain syndrome and hip pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Three (3) month gym membership: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip and Pelvis (Acute and Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis Chapter, Gym Memberships.

Decision rationale: Based on the clinical information provided, the request for 3 month gym membership is not recommended as medically necessary. The submitted records fail to establish that a home exercise program has failed or that there is a need for equipment as required by the Official Disability Guidelines. Additionally, the Official Disability Guidelines generally do not support gym memberships as medical treatment as there is a lack of information flow back to the provider, and there may be risk of further injury to the injured worker.