

<b>Case Number:</b>	CM14-0147439		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	06/30/1995
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	08/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 79-year-old female who was reportedly injured on June 30, 1995. The most recent progress note, dated August 1, 2014, indicates that there are ongoing complaints of right hip pain with a hip prosthesis and a right leg length discrepancy. There were also complaints of a large ventral hernia at the site of a prior abdominal aortic aneurysm repair. The physical examination demonstrated circumduction of the right leg due to shortening. There is a large ventral hernia that is found to be reducible. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes a right hip total hip arthroplasty. A request had been made for a gym membership for six months and was not certified in the pre-authorization process on August 13, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 GYM MEMBERSHIP FOR 6 MONTHS FOR PAIN IN JOINT INVOLVING MULTIPLE SITES AS OUTPATIENT: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Gym Membership, Updated August 27, 201

**Decision rationale:** According to the Official Disability Guidelines, a gym membership is not recommended as a medical prescription unless a home exercise program has not been effective and there is need for additional equipment. Additionally treatment in a gym environment needs to be monitored and administered by medical professionals. A review of the medical records indicates that the injured employee's leg length discrepancy is a potential cause of her problems and that a revision is being considered. Considering this, it is anticipated that gym and pool exercise would not resolve the injured employee's right hip problems. As such, the request for a gym membership for six months is not medically necessary.