

Case Number:	CM13-0005295		
Date Assigned:	12/04/2013	Date of Injury:	08/10/2007
Decision Date:	01/27/2014	UR Denial Date:	07/22/2013
Priority:	Standard	Application Received:	07/30/2013

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 Physical Medicine & Rehabilitation, 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. 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 patient is a 61-year-old female who sustained a work-related injury on 08/10/2007. The most recent progress report submitted for review is dated 03/20/2013. Subjectively, the patient reported complaints of pain in the shoulders, arms, and wrists, which she reported was well-controlled with medications. Objective findings revealed tenderness in the left upper trapezius, more so than the right. The patient's diagnoses included chronic bilateral shoulder pain, bilateral epicondylitic pain, and chronic neck and bilateral upper extremity pain. The treatment plan included a continuation of medications, to include Norco, Flexeril and trazodone, and the continuation of regular exercise.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six 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, Low Back Chapter, Gym Membership, Acute & Chronic.

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

Decision rationale: The Official Disability Guidelines state that 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. Additionally, treatment needs to be monitored and administered by medical professionals. The clinical information submitted for review lacks documentation that the patient's home exercise program has been ineffective. As such, based on the lack of objective documentation submitted for review and the Official Disability Guidelines, the request is non-certified.