

Case Number:	CM13-0015253		
Date Assigned:	11/06/2013	Date of Injury:	09/10/2001
Decision Date:	03/17/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	08/22/2013

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 Family Practice and is licensed to practice in Texas. 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.

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 54 year old female who reported a work injury on 09/10/2001. The patient reported the mechanism of injury was while she was lifting a box overhead at work. The clinical note dated 07/12/2012 that the patient had the diagnosis of cervicalgia status post remote fusion, marked myofascial syndrome, depressive disorder NEC, and Possible adhesive capsulitis bilateral shoulders. The clinical note dated 09/04/2013 listed the patient's medications as Ultracet 32.5-37.5 take 2 tab three times a day, Vicodin 5/500 mg take 1 tablet daily, Voltaren 1% gel apply to affected area twice a day as needed . Zanaflex 4 mg take 1 tablet four times a day, Artichoke leaves 450mg (otc) take one daily, B-Complex with vitamin C caplet (otc) take 1 daily, Calcium D (otc) 100mg take one daily, Cinnamon 1000 mg (otc) TAKE ONE DIALY, Coq10 400mg (otc) take 1 daily, Omega 3 and 6 fish oil 1000mg (otc) take one daily, Potassium Glue 550 mg tablet 2 meq (otc) take one daily and vitamin A 400mg (otc) take one daily. No pain levels, history of therapies, or range of motion were supplied with the clinical paperwork.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership for 1 year: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Gym Membership.

Decision rationale: The request for the one year gym membership is non-certified. The patient has noted ongoing pain with activities of daily living and exercising. The MTUS and ACOEM do not cover gym membership for pain management. The ODG does not recommend gym membership as a medical prescription and that gym memberships would not generally be considered as medical treatment. Therefore the request is non-certified