

<b>Case Number:</b>	CM13-0022038		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	04/17/1995
<b>Decision Date:</b>	04/17/2014	<b>UR Denial Date:</b>	08/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2013

### 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 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 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 patient is a 63-year-old male who reported an injury on 04/17/1995. The mechanism of injury was not stated. The patient is currently diagnosed with post-laminectomy syndrome, carpal tunnel syndrome, and lesion of the ulnar nerve. The patient was seen by [REDACTED] on 08/22/2013. The patient reported chronic pain to the head, neck, and bilateral wrists. The patient was also status post carpal tunnel release on 04/30/2013. Physical examination revealed a normal and non-antalgic gait. Treatment recommendations included a 6-month gym membership.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 MONTHS GYM MEMBERSHIP:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 6, Table 8-5 & 8-8, and Official Disability Guidelines (ODG), Gym Memberships

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & 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. The patient does appear to meet criteria for the requested service. There is no documentation of unresponsiveness to a home exercise program. There is also no indication that this patient requires specialized equipment. The patient's physical examination did not reveal any musculoskeletal or neurological deficits. Based on the clinical information received and the Official Disability Guidelines, the request for 6 MONTHS GYM MEMBERSHIP is non-certified.