

Case Number:	CM13-0023023		
Date Assigned:	11/15/2013	Date of Injury:	06/01/1997
Decision Date:	11/07/2014	UR Denial Date:	08/11/2013
Priority:	Standard	Application Received:	09/11/2013

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 Medicine and is licensed to practice in North Carolina. 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 46-year-old with a reported date of injury of 05/30/1997. The patient has the diagnoses of status post bilateral carpal tunnel release, cervical spondylosis, lumbar myofascial pain syndrome and fibromyalgia.. Per the most recent progress notes provided for review by the treating physician dated 01/07/2014, the patient had complaints of neck and pack pain and stiffness. The physical exam noted tenderness in the posterior cervical and bilateral trapezius muscles and tenderness in the lower lumbar paravertebral musculature. The treatment plan recommendations included Prilosec for G.I. upset and follow-up with rheumatology. There are no other treating physician progress notes provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 YEAR GYM/POOL MEMBERSHIP: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) gym memberships

Decision rationale: The California MTUS and the ACOEM do not specifically address gym memberships. Per the Official Disability Guidelines, gym memberships are not recommended as

a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for specialized equipment not available at home. Treatment needs to be monitored and administered by medical professionals. There is no included documentation, which shows failure of home exercise program. The criteria for gym membership as outlined above have not been met. The request is not medically necessary and appropriate.