

Case Number:	CM13-0025943		
Date Assigned:	12/18/2013	Date of Injury:	08/19/2003
Decision Date:	02/19/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	09/18/2013

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 Maryland and Illinois. 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 50-year-old male who reported an injury on 08/19/2003. The mechanism of injury was not provided. The patient was noted to have decreased range of motion throughout the cervical spine with mild to moderate tenderness throughout the posterior cervical spine and paraspinals with mild paravertebral muscle spasms. The patient was noted to have decreased muscle strength in the left upper extremity. The patient's diagnoses were noted to include cervicgia status post fusion, chronic pain syndrome, shoulder region disorder not elsewhere classified (DIS NEC) left and myalgia and myositis not otherwise specified (NOS) along with pain in limb status post right leg fracture. The request was made for a gym membership to maintain muscle strength.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 year 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 (ODG), Low Back-Lumbar & Thoracic (Acute & Chronic).

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

Decision rationale: The Official Disability Guidelines recommend an individual exercise program; however, they recommend monitoring by a health professional. Additionally, they do not recommend a medical prescription for a gym membership unless a home exercise program has not been effective, and there is a need for equipment. They further indicate that gym memberships may not be covered under this guideline although temporary transitional exercise programs may be appropriate for patients who need more supervision. The clinical documentation submitted for review failed to indicate that the patient's home exercise program had not been effective and that there was a need for equipment. Additionally, it failed to indicate exceptional factors to warrant nonadherence to guideline recommendations or that this was a temporary transitional exercise program as it was noted to be for 1 year. Given the above, the request for a prospective 1 year gym membership is not medically necessary.