

Case Number:	CM13-0026025		
Date Assigned:	12/04/2013	Date of Injury:	01/15/2010
Decision Date:	02/10/2014	UR Denial Date:	08/23/2013
Priority:	Standard	Application Received:	09/19/2013

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 Neurology and has a subspecialty in Neuromuscular Medicine 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:

██████████ is a man who sustained a work related injury on January 15, 2010. According to the note of August 20, 2013, the patient was reported to have right hand pain and depression. The patient was anxious about starting Percocet. The provider requested gym membership x 6 months as a way to manage his anxiety associated with opioids withdraw.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership x 6 months: 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 regarding Gym Memberships.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines exercise Page(s): 46-47.

Decision rationale: According to MTUS guidelines, an exercise program is recommended. There is strong evidence that exercise programs, including aerobic conditioning and strengthening, is superior to treatment programs that do not include exercise. There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. A therapeutic exercise program should be initiated at the start of any

treatment or rehabilitation program, unless exercise is contraindicated. Such programs should emphasize education, independence, and the importance of an on-going exercise regime. There is no clear evidence that a 6 month gym membership will secure a program that will emphasize education and independence. Furthermore, there no clear justification of the length of the program. There is no clear evidence that the patient is deconditioned and requires a supervised exercise program. There is no objective justification that home exercise is not adequate to recondition the patient. In addition there is no documentation of failure of a home based exercise program. Therefore, a 6 month gym membership is not medically necessary