

<b>Case Number:</b>	CM13-0026149		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	07/20/2012
<b>Decision Date:</b>	02/07/2014	<b>UR Denial Date:</b>	09/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 and Rehabilitation and Pain Medicine, has a subspecialty in Interventional Spine, 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:

The patient is a 48-year-old female with a date of injury of 07/20/2012. A utilization review letter dated 09/06/2013 recommends denial of the requested gym membership. According to a report dated 08/09/2013, the patient presents with pain and stiffness in the neck and shoulder and increased pain in the bilateral arms, with numbness and tingling of digits 3-5 on bilateral hands. The patient is diagnosed with ulnar neuropathy, cervical muscle strain, carpal tunnel syndrome and spasm of muscle. A Qualified Medical Examiner (QME) report dated 02/22/2013 argued in favor of the request for a gym membership. The QME indicates the patient should be allowed to join the gym to do exercises, stating, "Gym exercise program is supported by the Chronic Pain Medical Treatment guidelines."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gym Membership:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG section 722.1 subsection under gym membership

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

**Decision rationale:** This patient presents with pain and stiffness in the neck and shoulder and increased pain in the bilateral arms with numbness and tingling of digits 3-5 on bilateral hands. The treater requests a gym membership. Gym memberships are not specifically addressed by ACOEM. However, ODG guidelines state it is 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 equipment. Treatments need to be monitored and administered by medical professionals. An individual exercise program is recommended; however, programs/services in which outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment, are not recommended by guidelines. Recommendation is for denial.