

<b>Case Number:</b>	CM13-0026608		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	04/23/2009
<b>Decision Date:</b>	02/11/2014	<b>UR Denial Date:</b>	09/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Orthopedic Surgery, 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 66-year-old female who was injured in a work-related accident on 4/23/09. A 10/31/13 progress report by ██████ noted continued complaints of cervical pain, right shoulder, right hand, wrist, thumb, lumbar spine and left hand pain. Her diagnosis was a cervical sprain with underlying degenerative disc disease, shoulder impingement, status post right carpal tunnel release with right thumb carpometacarpal (CMC) joint arthritis, and a lumbar strain with multilevel degenerative disc disease. Recommendations at that time were for continued conservative measures. The claimant was to continue with medication management. Recent clinical imaging or other forms of supported conservative care are not noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Request for a gym membership with a pool and Jacuzzi:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**Decision rationale:** The California MTUS guidelines are silent on this issue. When looking at the Official Disability Guidelines criteria, the role of a gym membership is not supported. Gym

memberships are typically not considered medical treatment, but are more of a lifestyle decision along with such things as diet, weight loss, smoking cessation, and use of athletic clubs. The acute need for a gym membership, given the claimant's current diagnosis of multilevel degenerative changes of the cervical and lumbar spine status post carpal tunnel release with arthritis to the thumb would not be indicated at present. The request is not medically necessary.