

Case Number:	CM13-0028993		
Date Assigned:	11/27/2013	Date of Injury:	06/26/2006
Decision Date:	02/13/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	09/24/2013

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 Internal Medicine and Cardiology has a subspecialty in Cardiovascular Diseases and is licensed to practice in Texas. 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 reported an injury sustained on 06/26/2006 that ultimately resulted in several surgical procedures to include fusion at the C3-6 level and left shoulder arthroscopy with Mumford procedure. The patient's most recent clinical examination indicated a reduction in pain due to medication usage. It was also noted that the patient had limited cervical spine range of motion secondary to pain, a positive axial compression test, and tenderness to palpation of the bilateral paravertebral musculature and upper trapezius bilaterally. The patient's diagnoses included status post cervical spine fusion of the C3-6, status post left shoulder surgery, and thoracic lumbar sprain/strain with bilateral lower extremity radiculopathy. The patient's treatment plan included continuation of medications, a home health aide, and a 6 month gym membership.

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)

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

Decision rationale: The requested gym membership is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has significant pain complaints. Official Disability Guidelines do not recommend gym memberships as medical treatment as they are not supervised and administered by medical professionals to allow for assessment and adjustment of the patient's exercise program. Additionally, gym memberships are not supported by Official Disability Guidelines unless there is documentation of the patient's failure to progress through a home exercise program that has been assessed and revised by the treating physician. The clinical documentation submitted for review does not specifically identify the need for exercise equipment to assist this patient with participating in an independent exercise program. As such, the requested gym membership x 6 months is not medically necessary or appropriate.