

Case Number:	CM13-0030142		
Date Assigned:	11/27/2013	Date of Injury:	05/08/2012
Decision Date:	02/11/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	09/25/2013

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 Family Practice 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 36-year-old male who reported an injury on 05/08/2012, due to repetitive trauma while performing normal job duties. Prior treatments included physical therapy, a TENS unit, and acupuncture. The patient's most recent clinical exam findings included neck and right upper extremity pain rated at a 4/10, with medications. It was noted that the patient uses a balance ball to assist with his posture, and was participating in physical therapy. The patient's diagnoses included neck pain, cervicobrachial syndrome, and medial epicondylitis. The patient's treatment plan included the continuation of physical therapy, and a 3 month gym membership, with pool access.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership for three (3) months with pool access: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Shoulder (updated 06/12/13) and the ODG Low Back - Lumbar & Thoracic (Acute & Chronic) (updated 05/10/13), Gym memberships.

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 membership.

Decision rationale: The Official Disability Guidelines do not recommend the medical prescription of a gym membership as there is no continuous feedback from a medical professional to determine the efficacy of the program, and assist with making adjustments for maximum benefit. Additionally, the Official Disability Guidelines recommend documentation of the patient's failure to progress in a home exercise program that is unassisted by medical equipment. The clinical documentation submitted for review does not provide an assessment of the patient after completion of physical therapy, and transition into a home exercise program. Therefore, there is no way to determine the efficacy of the patient's home exercise program. As such, the requested gym membership for 3 months with pool access is not medically necessary or appropriate.