

<b>Case Number:</b>	CM13-0035218		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	08/29/2008
<b>Decision Date:</b>	06/12/2014	<b>UR Denial Date:</b>	09/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation 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 expert 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 injured worker is a 44-year-old female who reported injury on 08/29/2008. The mechanism of injury was the injured worker was pushed by a student. The documentation of 09/12/2013 revealed the injured worker was working on self improvement and progressing in function. The injured worker was adding weekly more home duties and was able to do light gardening for the first time since injury. Physical examination revealed paravertebral tenderness, tight muscle bands and no trigger points on the right and tenderness was noted on the left. The examination of the thoracic spine revealed tenderness bilaterally. It was indicated the injured worker was swimming 3 times a week in aqua class and lost access. The physical examination of the shoulder revealed mild scapular winging on the right but improved. Movements were restricted with flexion limited to 90 degrees. The injured worker had restricted range of motion of the right shoulder. The injured worker had tenderness in the parascapular muscles, the rhomboids and the trapezius muscles. The diagnoses included adhesive capsulitis of the shoulder and cervical radiculitis. The treatment plan included 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 X 4 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), SHOULDER, GYM MEMBERSHIPS.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES: SHOULDER CHAPTER, GYM MEMBERSHIPS, LOW BACK CHAPTER, GYM MEMBERSHIPS.

**Decision rationale:** The Official Disability Guidelines indicate that gym memberships are not recommended as a prescription unless a home exercise program has not been effective and there is a need for equipment and that gym memberships, health clubs, swimming pools, and athletic clubs are not considered medical treatment and are not covered under the Official Disability Guidelines. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. Given the above, the request for gym membership x4 months is not medically necessary.