

<b>Case Number:</b>	CM13-0037257		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	01/17/2007
<b>Decision Date:</b>	05/21/2014	<b>UR Denial Date:</b>	09/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/27/2013

### 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 Internal Medicine 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 patient is a 50-year-old male with a date of injury on 01/17/2007. The records do not indicate mechanism of injury but they do specify his symptoms which include his cervical spine and left upper extremity. He carries a diagnosis of cervical disc disease with radiculitis and left ulnar nerve injury with weakness. His treatment has included epidural steroid injections, physical therapy, aquatherapy, cubital tunnel release with ulnar nerve transposition, ibuprofen, and gabapentin. The treatments with aquatherapy and physical therapy showed a subjective and objective improvement in his pain scores and function scores.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**GYM MEMBERSHIP FOR 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), Forearm, Wrist and Hand Chapter, 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) Elbow Chapter, Gym Memberships.

**Decision rationale:** The MTUS guidelines do not discuss gym memberships as any type of treatment for pain or disability conditions. The ODG address gym memberships and do not recommend it unless a home exercise program has not been effective and there is a need for special equipment. Based on the provided information in the medical records, the documentation does not support the criteria and the gym membership is not medically necessary.