

Case Number:	CM13-0037410		
Date Assigned:	12/13/2013	Date of Injury:	06/22/2001
Decision Date:	06/03/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/23/2013

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 Anesthesiology and is licensed to practice in Nevada. 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 64 year-old male who sustained an injury to his neck on 06/22/01 when he was driving a company vehicle home from work; a vehicle crossed over the center line and struck his vehicle, causing it to roll over. Recent clinical note dated 11/25/13 reported that the patient continues to complain of neck pain that radiates into the right upper extremity with occasionally numbness/tingling in the fingers.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Gym Membership: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines- Treatment for Workers' Compensation (TWC)/Disability Duration Guidelines (DDG) -Low Back- Lumbar & Thoracic (Acute & Chronic) page 8.

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

Decision rationale: The request for outpatient gym membership is not medically necessary. The duration was not specified in the request. The CAMTUS and ACOEM do not specifically

address gym memberships. If a home exercise program has proved ineffective, gym memberships may be considered. There was no information provided that indicates that the patient is actively participating in a home exercise program. Current, evidence-based studies have shown that unsupervised physical therapy training may increase risk of exacerbation and/or cause new injury if the patient is not properly monitored during training regimen. Given the clinical documentation submitted for review, medical necessity of the request for outpatient gym membership has not been established. Recommend non-certification.