

<b>Case Number:</b>	CM13-0038780		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	04/17/1995
<b>Decision Date:</b>	02/14/2014	<b>UR Denial Date:</b>	09/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2013

### 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 Fellowship Training in Cardiovascular Disease 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 is a 62-year-old male who reported an injury on 04/17/1995 that ultimately resulted in multiple surgeries including cervical fusion of the C3-6, and cervical spine stimulator implantation, followed by removal. The patient also underwent carpal tunnel release surgery in 04/2013, followed by postoperative physical therapy. The patient developed chronic neck pain, bilateral wrist pain, and headaches. The patient's most recent clinical exam finding included atrophy of the musculature of the left thenar eminence, and decreased sensation to light touch of digits 1 through 3 bilaterally, with a positive Tinel's sign at the elbow, and restricted range of motion of the cervical spine. Tenderness to palpation along the cervical spinal musculature and cervicobrachial regions was also noted. The patient's diagnoses included postlaminectomy cervical syndrome, carpal tunnel syndrome, and ulnar nerve lesion. The patient's treatment plan included a health club membership.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prospective Health Club Membership x 13 Weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 6)

**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:** Official Disability Guidelines state "gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment; and are therefore, not covered under these guidelines." The clinical documentation submitted for review does not provide any evidence that the patient has failed to progress through a home exercise program that did not require equipment. Additionally, there is no indication that the patient's treatment would be monitored by a medical professional or that there would be an information flow back to the provider. As such, the requested health club membership x13 weeks is not medically necessary or appropriate.