

Case Number:	CM13-0042944		
Date Assigned:	12/27/2013	Date of Injury:	12/07/2009
Decision Date:	03/06/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/21/2013

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 54-year-old female with a 12/7/09 date of injury. At the time of request for authorization for one (1) year gym membership, there is documentation of subjective (persistent neck pain) and objective (decreased range of motion of the neck and shoulder with spasms) findings, current diagnoses (chronic cervical/thoracic strain and spasm), and treatment to date (medication and physical therapy). There is no documentation that a home exercise program with periodic assessment and revision has not been effective and there is a need for equipment, and that treatment is being monitored and administered by medical professionals.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) year gym membership: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46. Decision based on Non-MTUS Citation ODG Low back (web: updated 10/9/13), Gym membership.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back and Shoulder Chapters, Gym memberships.

Decision rationale: The Chronic Pain Guidelines indicate that exercise is recommended. There is strong evidence that exercise programs, including aerobic conditioning and strengthening, is superior to treatment programs that do not include exercise. There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. The Official Disability Guidelines indicate that a gym membership is not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective, there is a need for equipment, and that treatment will be monitored and administered by medical professionals. Within the medical information available for review, there is no documentation that a home exercise program with periodic assessment and revision has not been effective and there is a need for equipment, and that treatment is being monitored and administered by medical professionals. In addition, there is no documentation of a plan and/or rationale from the requesting physician identifying the medical necessity for the requested gym membership. Therefore, based on guidelines and a review of the evidence, the request for one (1) year gym membership is not medically necessary.