

<b>Case Number:</b>	CM13-0045297		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	06/22/2012
<b>Decision Date:</b>	02/25/2014	<b>UR Denial Date:</b>	11/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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 Family Practice 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:

This is a female patient who sustained an injury on 6/22/12 that resulted in a left elbow injury, left shoulder strain, right rib contusion and left thumb strain. She had developed spurring of the left olecranon that resulted in a bursitis. She had physical therapy, acupuncture and steroid intraarticular injections. On 6/19/13 she had an arthroscopic decompression of the left shoulder for a posterior compartment syndrome. She used topical analgesics and oral analgesics for pain management. A request was made on 10/4/13 for a 6 month gym membership.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gym membership:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Chapter 5221.6600, Health Clubs

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 26. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** According to the ACOEM guidelines, at home exercises are recommended. In the event that the patient is either incapable of performing home exercise, or otherwise unable to comply with this option, then a supervised program with a therapist is recommended. There is

no recommendation for a gym membership under the ACOEM guidelines. Furthermore, the ODG guidelines indicate that gym memberships are not recommended as a medical prescription unless there is documented need for equipment due to failure from home therapy. There is no evidence to support that a gym membership alone would benefit this patient's pain management. With unsupervised programs, there is no feedback to the treating physician in regards to treatment response. Consequently, a gym membership is not medically necessary or appropriate