

<b>Case Number:</b>	CM13-0047246		
<b>Date Assigned:</b>	06/09/2014	<b>Date of Injury:</b>	07/15/2011
<b>Decision Date:</b>	07/14/2014	<b>UR Denial Date:</b>	09/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/01/2013

### 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 Family Medicine and is licensed to practice in Tennessee, Florida and 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 injured worker is a 28-year-old female who sustained an injury to her neck on July 2011. The mechanism of injury was not documented. A clinical noted May 2013 reported that the injured worker continues to complain of right-sided neck pain. The treatment today has included conservative care, physical therapy, medications and a tens unit. Physical examination noted reduced range of motion with pain; tender points; no radicular findings. Clinical notes indicated the injured worker was sent back to work on modified duty. The records indicate that the injured worker received no benefit from acupuncture treatment, maximum medical improvement was expected within six months per clinical documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**3 MONTH GYM MEMBERSHIP:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 Official Disability Guidelines (ODG) states that gym memberships are not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. Furthermore, treatment needs to be monitored and administered by medical professionals. While an individual exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment, may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision. With unsupervised programs there is no information flow back to the provider, so he or she can make changes in the prescription, and there may be risk of further injury to the patient. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment, and are therefore not covered under these guidelines. Given the clinical documentation submitted for review, medical necessity of the request for a three month gym membership has not been established. Therefore, the request is not deemed medically necessary.