

<b>Case Number:</b>	CM13-0048350		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	06/22/1998
<b>Decision Date:</b>	02/26/2014	<b>UR Denial Date:</b>	10/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 65-year-old male, with a date of injury of 06/22/98. The patient has diagnoses of reflex sympathetic dystrophy, chronic neck pain, and pain in hand joint. According to the report dated 10/16/13 by [REDACTED], the patient complains of left upper extremity numbness, tingling, sweating and aching. His pain level is a 7-8/10 on the visual analog scale (VAS) scale, with medication use. He continues to utilize medication with benefit and improved function. The patient also notes that "pool exercises have been beneficial and are inquiring about a gym membership with pool access." The objective findings show that the patient is able to ambulate without assistance. He does wear a left wrist sleeve/brace. His medications currently are: Lidoderm 5% patch, Oxycodone 15mg, Omeprazole 20mg, Ambien 10mg and Benicar 5mg. The treater is requesting a 3 month gym membership.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Three (3) month Gym membership:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**Decision rationale:** The patient has diagnoses of reflex sympathetic dystrophy, chronic neck pain, and pain in hand joint. The request is for a three (3) month gym membership. The Medical Treatment Utilization Schedule (MTUS) Guidelines recommend exercise, but states: "There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen." The Official Disability guidelines do not discuss gym memberships for the cervical spine, but for the lumbar spine, the guidelines indicate that gym memberships are not recommended as a medical prescription "unless documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. Plus the treatment needs to be monitored and administered by medical professionals." There is no evidence that this patient's gym exercises can be monitored by medical professionals. Furthermore, this patient has upper extremity and neck condition and no reason to not tolerate land-based exercises that can be performed at home. For pool therapy/exercises, the MTUS guidelines indicate that this is reserved for patients with weight-bearing issues. Recommendation is for denial.