

Case Number:	CM13-0050889		
Date Assigned:	12/27/2013	Date of Injury:	12/10/2002
Decision Date:	07/31/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	11/13/2013

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 Occupational Medicine, 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 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:

This is a 51-year-old with a date of injury of December 10, 2002. The mechanism of injury was not noted. In a November 11, 2013 progress note, the patient presented with a chief complaint involving her posterior cervical region and thoracic region between her shoulders. She described the pain as throbbing and 7/10 on the pain rating scale. She was frequently bothered by the pain over her posterior cervical region, between 51-75 percent of the time. Objective findings: hypomobility of the cervical spine caused by muscle spasms, pain upon palpation in her posterior cervical region, muscle spasm noted in posterior cervical region. Diagnostic impression: cervicgia, pain in joint (shoulder region), muscle spasm Treatment to date: medication management, activity modification, acupuncture treatment. A UR decision dated October 17, 2013 denied the request for Gym Membership for one year. Based on the diagnosis and considering the exceedingly chronic nature of the condition and the fact that the request is for very extensive one year membership without any hard clinical indications for need for gym. The patient is considered suitable for home exercise program alone according to MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

One year gym membership: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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 Membership.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) does not address this issue. The ODG does not recommend gym memberships unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. In addition, treatment needs to be monitored and administered by medical professionals. However, there is no evidence that attempts at home exercise were ineffective. There is no evidence that the patient would require specialized equipment. There is also no indication that treatment will be administered and monitored by medical professionals. In addition, gym memberships, health clubs, swimming pools, athletic clubs, etc., are not generally considered medical treatment. Therefore, the request for a one year gym membership is not medically necessary or appropriate.