

Case Number:	CM13-0070877		
Date Assigned:	01/08/2014	Date of Injury:	02/05/2009
Decision Date:	03/19/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/26/2013

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 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 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 60-year-old male with a 2/5/09 date of injury. At the time of request for authorization for Gym membership for one year, there is documentation of subjective (right shoulder and neck pain) and objective (reduced range of motion of cervical spine with suboccipital tenderness; muscle spasm in the upper trapezius with tenderness; limited range of motion of the right shoulder; and positive Neer and Hawkins signs) findings, current diagnoses (C5-6 and C6-7 disk herniation status post 2 level anterior cervical discectomy and fusion, left shoulder impingement status post left shoulder surgery, anxiety, depression, and status post right shoulder surgery), and treatment to date (chiropractic treatment). There is documentation of a request for 1 year gym membership for this patient to continue to do his home exercise regimen on his own.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership for one year: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Section Low Back, Gym Memberships

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Section Low Back, Gym Memberships

Decision rationale: The MTUS guidelines do not address the issue. The ODG identifies that gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment. Therefore, based on guidelines and a review of the evidence, the request for gym membership for one year is not medically necessary.