

Case Number:	CM13-0071691		
Date Assigned:	01/08/2014	Date of Injury:	01/08/2007
Decision Date:	06/05/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	12/27/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 59 year old male who reported an injury on 01/08/2007 secondary to unknown mechanism of injury. The diagnoses include failed neck surgery syndrome, right cervical radiculitis, myelomalacia, cervical fusion, chronic myofascial pain syndrome and depression. The injured worker was evaluated on 11/20/2013 for reports of constant neck pain with headache rated at 6-8/10 with numbness and tingling to the right upper extremity and stiffness and spasm. The exam noted muscle spasm to the cervical area, restricted range of motion, atrophy of biceps and triceps and positive Spurling's maneuver. The treatment plan includes continued medication therapy, home exercise program and gym membership. The request for authorization is present and dated 10/10/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

GYM MEMBERSHIP PROGRAM FOR THE CERVICAL SPINE FOR 6 MONTHS WITH 6 SUPERVISED SESSIONS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, 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) Neck, Exercise.

Decision rationale: The request for gym membership program for the cervical spine for 6 months with 6 supervised sessions is not medically necessary. The California MTUS/ACOEM do not adequately address. The Official Disability Guidelines (ODG) recommend low stress aerobic activities and stretching exercises that can be initiated at home and supported by a physical therapy provider, to avoid debilitation and further restriction of motion, and further benefits are available when combined with strength training. The treatment plan indicated continuation of the home exercise program. A gym membership would not provide the physical therapy supervision required by the guidelines. Therefore, the request is not medically necessary or appropriate.