

<b>Case Number:</b>	CM14-0109160		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	09/30/2005
<b>Decision Date:</b>	09/03/2014	<b>UR Denial Date:</b>	06/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2014

### 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:

Progress report dated 06/05/2014 documented the patient reported increased strength and weight loss of 30 lbs. She stated Duexis is very helpful with inflammation. On exam, the right shoulder revealed forward flexion to 160 degrees with pain at end range. She has decreased sensation with hyperesthesia over the right second and third digits with 4+/5 finger flexors; spasms in the right upper trapezius muscles with tenderness to palpation. Impressions are status post-surgical repair with subsequent developed of complex regional pain syndrome (CRPS) with neuropathic pain, swelling of the right upper extremity, with excellent response to functional restoration program. She was recommended for a gym membership for 6 months to work on increasing strength and decreasing pain. Prior utilization review dated 06/16/2014 states the request for 6 month gym membership is denied as gym membership is a matter of convenience rather than medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 month gym membership:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 11, 83, 173-174. Decision based on Non-MTUS Citation Official Disability Guidelines(ODG) Hand Chapter.

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

**Decision rationale:** This is a request for a 6-month gym membership for a 58-year-old female injured on 9/3/05 with chronic pain and a diagnosis of CRPS. However, medical records do not establish failure of a home exercise program subsequent to the patient's functional restoration program participation. Further there is a concurrent request for hand therapy. There is no established need for medical equipment. There does not appear to be medical administration and supervision of the gym membership. Request for a 6 month gym membership is not medically necessary.