

Case Number:	CM14-0125004		
Date Assigned:	09/26/2014	Date of Injury:	04/03/1997
Decision Date:	12/04/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	08/07/2014

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 Family Medicine and is licensed to practice in New Jersey and New York. 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 55 year-old female who was initially injured on 4/3/97 and then documented to have been injured again on 4/16/13 due to unknown mechanism. She was diagnosed with adjustment reaction with depression and anxiety secondary to chronic pain and disability, post-traumatic stress disorder, adhesive capsulitis of the shoulder, bursitis to the shoulder, fibromyalgia, chronic fatigue, and left shoulder sprain. The patient is treated with medications (Cymbalta, Lyrica, and Norco), home exercises, transcutaneous electrical nerve stimulation (TENS) unit, chiropractic treatment, massage, and assistive walker device. Her fibromyalgia pain has improved and she was tolerating her home exercises. The current request is for a 6 month gym membership.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines 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) Shoulder, Gym memberships

Decision rationale: The request is not medically necessary. MTUS guidelines do not address gym memberships, therefore ODG guidelines were used. According to ODG, gym memberships are not considered medical treatment and are not recommended as part of a medical prescription unless a "documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment." The patient is being treated for shoulder bursitis, adhesive capsulitis, and fibromyalgia with medications, chiropractic treatment, massage, TENS unit, and home exercise program. There is no documentation suggesting a need for equipment or that she is unable to perform a home exercise program. She was documented as tolerating her home exercises in the chart. Therefore, the request is considered not medically necessary.