

Case Number:	CM14-0170776		
Date Assigned:	10/23/2014	Date of Injury:	01/07/2010
Decision Date:	11/28/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	10/15/2014

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 General Preventive Medicine and is licensed to practice in Indiana. 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 employee is a 58 year old female with date of injury of 1/7/2010. A review of the medical records indicates that the injured worker is undergoing treatment for cervical strain and sprain with radiculopathy. Subjective complaints include continued pain in neck and upper back with some radiation down bilateral upper extremities. Objective findings include limited range of motion of the cervical spine with tenderness to palpation of the paraspinals; MRI showing C5-C6 bulging and right uncinat hypertrophy. Treatment has included cervical traction, TENS unit, Lyrica, Lidoderm patch, topical NSAIDs, and Zorvolex. The utilization review dated 9/12/2014 non-certified 1 year gym membership.

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 Physical Medicine.

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: The MTUS guidelines are silent as to gym memberships so the Official Disability Guidelines were consulted. ODG states, "gym memberships are not recommended as 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 official disability guidelines go on to state "Furthermore, treatment needs to be monitored and administered by medical professionals".The treating physician does not actually detail the need for this equipment. Additionally, treatment notes do not detail what revisions to the physical therapy home plan has been attempted and/or failed that would necessitate the use of gym membership. As such, the request for One Year Gym Membership is not medically necessary.