

<b>Case Number:</b>	CM14-0027687		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	01/21/2007
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	02/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2014

### 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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 patient is a 53 year old employee with date of injury of 1/27/2007. Medical records indicate the patient is undergoing treatment for chronic bilateral shoulder pain, status post bilateral shoulder rotator cuff repair, bilateral rotator cuff repair, chronic pain syndrome, myofascial pain in the neck and back, carpal tunnel syndrome and reactive depression. Subjective complaints include chronic pain, myofascial pain in neck and back and depression. Objective findings include tenderness of posterior paraspinal muscles, flexion of the neck to 40 degrees, and extension to 50 degrees, Spurlings test was negative and mild tenderness of the trapezius muscle. Treatment for her pain relief has consisted of acupuncture, functional restoration program, cognitive behavioral therapy, and Lidoderm patch. The utilization review determination was rendered on 2/11/14 and determined no medical necessity for a 1 year gym membership with pool access.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 YEAR GYM MEMBERSHIP WITH POOL ACCESS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 22, 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

gym membership Other Medical Treatment Guideline or Medical Evidence:  
[http://www.nhlbi.nih.gov/guidelines/obesity/bmi\\_tbl.pdf](http://www.nhlbi.nih.gov/guidelines/obesity/bmi_tbl.pdf).

**Decision rationale:** The patient has a history of chronic bilateral shoulder pain, status post bilateral shoulder rotator cuff repair, bilateral rotator cuff repair, chronic pain syndrome, myofascial pain in the neck and back, and reactive depression. The MTUS guidelines are silent as to gym memberships so the Official Disability Guidelines were consulted. For pool access, the MTUS aquatic therapy and physical medicine sections were consulted. The treating physician did not provide documentation of a home exercise program with supervision or a current height and weight. The Official Disability Guidelines state 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 that, Furthermore, treatment needs to be monitored and administered by medical professionals. Concerning the request for pool therapy, a recent height and weight is not provided by the treating physician. The California MTUS guidelines recommend aquatic therapy in cases of extreme obesity with active self-directed home Physical Medicine. The request for a one year gym membership with pool access is not medically necessary as the injured worker does not meet criteria in the MTUS and the Official Disability Guidelines (ODG).