

Case Number:	CM14-0039792		
Date Assigned:	06/27/2014	Date of Injury:	10/18/2011
Decision Date:	08/20/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	04/04/2014

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 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:

This is a 43-year-old female with a 10/18/11 date of injury. The mechanism of injury was not noted. According to a 5/29/14 progress note, the patient complained of ongoing neck and right elbow pain. She rated per pain level at 2/10 on a pain scale of 0-10. On physical examination of paravertebral muscles, tight muscle band and trigger point (a twitch response was obtained along with radiating pain on palpation) is noted on the left side. Diagnostic impression: Cervicalgia. Treatment to date: medication management, activity modification, surgery. A UR decision dated 3/11/14 denied the request for gym membership. Gym membership is not recommended as a medical prescription unless a home exercise program has not been effective and specific equipment is needed for the prescribed exercises. Treatment also needs to be monitored and administered by a medical professional.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 Month Gym Membership between 3/10/2014 and 6/10/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute & Chronic).

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

Decision rationale: CA MTUS does not address this issue. ODG does not recommend gym memberships unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. In addition, treatment needs to be monitored and administered by medical professionals. However, there is no evidence that attempts at home exercise were ineffective. There is no evidence that the patient would require specialized equipment. There is also no indication that treatment will be administered and monitored by medical professionals. In addition, gym memberships, health clubs, swimming pools, athletic clubs, etc., are not generally considered medical treatment. Therefore, the request for 3 Month Gym Membership between 3/10/2014 and 6/10/2014 is not medically necessary.