

<b>Case Number:</b>	CM14-0073133		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	02/10/2009
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	05/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2014

### 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 Anesthesiology and Pain Medicine and is licensed to practice in Texas. 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 male whose date of injury is 02/10/2009. The injured worker was pulling a 600 pound metal box and felt low back pain. Treatment to date includes left shoulder surgery on 09/20/12, physical therapy, right carpal tunnel release on 01/08/14, bilateral elbow cortisone injections, left elbow and carpal tunnel release surgery on 03/26/14 and medication management. Appeal letter dated 05/27/14 indicates that the injured worker is performing a home exercise program. The injured worker continues to have low back and bilateral upper extremity pain. The injured worker is 6'1" and weighs approximately 250 pounds.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6-month Membership for access to pool.:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand. Gym memberships are not recommended as medical prescriptions unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment.

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

**Decision rationale:** There is no documentation in the submitted clinical records that a home exercise program has failed or that there is a need for equipment, as required by the Official Disability Guidelines. Additionally, the Official Disability Guidelines generally do not support gym memberships as medically necessary as there is no information flow back to the provider and there may be risk of further injury to the injured worker. Based on the clinical information provided, the request for 6 month membership for access to pool is not medically necessary.