

<b>Case Number:</b>	CM14-0075541		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	12/28/1999
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	05/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/23/2014

### 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 Physical Medicine & Rehabilitation, 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:

The injured worker is a 69-year-old male who reported an injury on 12/28/1999. The mechanism of injury was not provided within the medical records. The clinical note dated 05/22/2014 indicated the injured worker reported neck pain, right upper extremity pain, hypersensitivity, and dysphagia. The injured worker described his pain as shooting, moderate, severe, hot, burning, aching, intermittent, shocking, and constant. The injured worker reported his pain was affected by lifting, looking up, heat, and looking down. It was relieved by walking. On physical examination, the injured worker reported muscle and joint pain, loss of range of motion, numbness, and tingling. Physical examination of the cervical spine was limited and painful with multiple trigger points and tender areas. The injured worker's grip was less strong to the right hand; intrinsic hand muscles and pincers were decreased. The injured worker had numbness to his 1st finger and numbness to the medial aspect of his thumb with bilateral hand tremors. The injured worker's prior treatments included diagnostic imaging and medication management. The injured worker's medication regimen included Cymbalta, verapamil, omeprazole, and Avodart. The provider submitted a request for gym membership. A request for authorization dated 05/08/2014 was submitted for gym membership; however, rationale was not provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gym membership (x6 months) with pool/weights:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 114-116, Chronic Pain Treatment Guidelines Aqua Therapy Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), online- <http://odg-twc.com/odgtwc/pain.htm>.

**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, Gym Membership.

**Decision rationale:** The request for gym membership (x6 months) with pool/weights is non-certified. The Official Disability Guidelines do not recommend gym memberships 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. Plus, treatment needs to be monitored and administered by medical professionals. There is lack of evidence of a home exercise program with periodic assessments which had been modified and remained ineffective. In addition, gym membership, health clubs, swimming pools, and athletic clubs are not generally considered medical treatments and therefore, are not covered under these guidelines. Therefore, the request for a gym membership is non-certified.