

Case Number:	CM14-0075579		
Date Assigned:	07/16/2014	Date of Injury:	12/01/2011
Decision Date:	10/09/2014	UR Denial Date:	05/11/2014
Priority:	Standard	Application Received:	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 Internal 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:

The injured worker is a 46-year-old female who was reportedly injured on 12/01/2011. The mechanism of injury is noted as a slip and fall, slipped on a wet mat then fell on her face, right arm, and side. Normal magnetic resonance image noted after injury. An electromyogram noted right C5-C6 radiculopathy. Last progress report dated 04/28/2014 noted guarding and spasm of the cervical spine. Flexion of 30 degrees, extension 30 degrees, 115 degrees of shoulder flexion on the right and 130 degrees of flexion on the left. 5 degrees of hip extension bilaterally. 3/5 strength in shoulder muscles involving flexion and abduction on the left. The injured worker is 4-5 strength in the gluteus medius muscles bilaterally. Cervical magnetic resonance image dated 06/06/2013 found some minimal spurring and magnetic resonance image on 02/15/2012 was normal. A request was made for gym membership X 13 weeks, cervical, and was not medically necessary on 05/11/2014. Of note, the provider has documented on 5/2/2014 that the patient "wishes to have a gym membership." She has completed a total of 160 hours of a functional restoration program. Psychological evaluation was performed comprehensively and it was noted that the patient had significant psychological and psychiatric comorbidity that resulted in exacerbation of, and in turn was exacerbated by, the physical injury. She has also completed at least 12 sessions of physical therapy (PT).

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym Membership x 13 weeks, Cervical: 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): Gym Memberships

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

Decision rationale: Gym Memberships are not considered medical care in most circumstances unless a documented home exercise program has failed and equipment is required for exercise, and equipment is available at the gym in question. Per the provider, the home exercise program has not failed. The patient underwent and obtained benefit from a functional restoration program. Further, the exercise program done at a gym needs to be monitored and administered by a medical professional. No arrangements of this nature are described. As this information is not provided in the medical record, the request for Gym Memberships is not recommended as medically necessary.