

<b>Case Number:</b>	CM14-0082683		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	02/27/2012
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	05/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2014

### 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 Physical Medicine & Rehabilitation, and is licensed to practice in Illinois. 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 43-year-old male with a reported date of injury on 02/27/2012. The mechanism of injury was noted to be an object hitting the injured worker. His diagnoses were noted to include brachial plexus lesions, neck pain, and cervicobrachial syndrome. His previous treatments were noted to include physical therapy, functional restoration program, medications, and cortisone injection. The progress note dated 05/14/2014 reported the injured worker complained of pain rated 4/10 with his neck and shoulder. The injured worker reported he continued with the home exercise program and coping skills learned at the functional restoration program; however, he felt that he could perform a more comprehensive rehabilitation program with a gym membership. The physical examination revealed there was no evidence of sedation and the injured worker's gait was normal and non-antalgic. The provider indicated a gym membership may be beneficial to the injured worker in order to develop a more comprehensive rehabilitation program and be able to rehabilitation to return back to work. The progress note dated 05/30/2014 revealed the injured worker complained of chronic neck and shoulder pain. The physical examination revealed the injured worker could extend around 30 degrees and could rotate and tilt to the left and right to around 40 degrees. A palpatory examination showed spasms and guarding at the base of the cervical spine to the mid cervical spine that was not present on the left hand side. There was also spasm and guarding noted to the right cervicobrachial region, extending to the medial border of the scapula and into the anterior chest wall in the periclavicular region. The examination of the right shoulder showed flexion was to 130 degrees, abduction was to 110 degrees, internal rotation was to 50 degrees, external rotation was to 85 degrees, extension was to 50 degrees, and adduction was to 50 degrees. The reflexes were very hard to obtain in the upper extremity but they were equal to the left side at just trace in the biceps, triceps, and brachioradialis. The physical examination of the right upper extremity did show weakness of 4/5

with abduction to the right shoulder and external rotation. The Request for Authorization form was not submitted within the medical records. The request was for 12 months of gym membership for a more comprehensive rehabilitation program.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **12 Months of Gym Membership: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**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 Memberships.

**Decision rationale:** The request for 12 months of gym membership is not medically necessary. The injured worker has participated in a functional restoration program and physical therapy. 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. While an exercise program is, of course, recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise program may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for injured workers who need more supervision. With unsupervised programs, there is no information flow back to the provider so that he or she can make changes in the prescription, and there may be a risk of further injury to the injured worker. Gym memberships, health clubs, swimming pools, and athletic clubs would not generally be considered medical treatment and therefore are not covered under the guidelines. Gym memberships are not considered medical treatment and are not covered by these guidelines. Additionally, there is no medical supervision at a gym to provide information flow back to the provider. Therefore, the request for 12 months of gym membership is not medically necessary.