

<b>Case Number:</b>	CM14-0095717		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	11/16/1998
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	06/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2014

### 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 and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 58-year-old female was reportedly injured on November 16, 1998. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated June 3, 2014, indicated that there were ongoing complaints of cervical spine pain and spasms. The physical examination demonstrated stiffness and decreased range of motion of the cervical spine. There was decreased grip strength bilaterally. Also noted was decreased range of motion of the lumbar spine. Diagnostic imaging studies were not reviewed during this visit. Previous treatment included physical therapy and aquatic therapy. A request had been made for a six month gym membership for the neck and was not certified in the pre-authorization process on June 16, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 month gym membership for the neck:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Acoem-  
[https://www.acoempracguides.org/Cervical and Thoracic Spine](https://www.acoempracguides.org/Cervical%20and%20Thoracic%20Spine); Table 2, Summary Of Recommendations, Cervical and Thoracic Spine Disorders.

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

**Decision rationale:** According to the Official Disability Guidelines, a gym membership is not recommended as a medical prescription unless a home exercise program has not been effective and there is need for additional equipment. Additionally, treatment in a gym environment needs to be monitored and administered by medical professionals. According to the attached medical record, there is no documentation that home exercise program is ineffective or in adequate. Considering this, the request for a six month gym membership is not medically necessary.