

<b>Case Number:</b>	CM14-0096848		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	10/23/2009
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	06/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2014

### 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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of April 26, 2012. Thus far, the applicant has been treated with analgesic medications; earlier shoulder surgery; trigger point injection therapy; shoulder corticosteroid injection therapy; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated June 6, 2014, the claims administrator denied a gym membership. In a September 10, 2012 medical-legal evaluation, it was suggested that the applicant was working on a full-time, modified basis as an engineering technician. In a December 11, 2013 progress note, the applicant was given refills of Dexilant and Zantac, reportedly for issues with reflux. The applicant was asked to continue a permanent 10-pound lifting limitation. In a later note dated February 5, 2014, the applicant was apparently doing home exercises and working on a full-time basis with a 10-pound lifting limitation in place. Authorization for shoulder surgery was sought. On March 4, 2014, authorization for shoulder surgery was again endorsed. It was again stated that the applicant was performing home exercises. Authorization for gym membership was apparently sought through a request for authorization form dated May 30, 2014, the claims administrator suggested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gym Membership (qty = months):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers ([www.odgtreatment.com](http://www.odgtreatment.com)).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 5, page 83, to achieve functional recovery, applicants must assume certain responsibilities, one of which includes adhering to and maintaining exercise regimens. The gym membership being sought by the attending provider, thus, is per ACOEM, an article of applicant responsibility as opposed to an article of payer responsibility. It is further noted that the applicant is consistently described as performing home exercises throughout the file, further obviating the need for the gym membership. Therefore, the request is not medically necessary.