

Case Number:	CM14-0195870		
Date Assigned:	12/03/2014	Date of Injury:	01/07/2006
Decision Date:	12/08/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	11/21/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: North Carolina
 Certification(s)/Specialty: Family Practice

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 44 year old female, who sustained an industrial injury on 01-07-2006. The injured worker is currently not working. Medical records indicated that the injured worker is undergoing treatment for fibromyositis, low back pain, degeneration of cervical intervertebral disc, neck pain, and psychophysiologic disorder. Treatment and diagnostics to date has included home exercise program and medications. Recent medications have included Ambien, Etodolac, Levothyroxine, and Voltaren gel. Subjective data (06-05-2014 and 08-01-2014), included neck and low back pain. Objective findings (08-01-2014) included "no acute distress" and "normal posture." The Utilization Review with a decision date of 11-08-2014 denied the request for gym membership x6 months for cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership for 6 months for cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, 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: The California MTUS and the ACOEM do not specifically address the requested service. The ODG recommends gym memberships only if there is a documented failure of home exercise program or the need for specialized equipment. The membership must be under the direct supervision of a medical professional. A review of the provided medical documents does not show these conditions to have been met. Therefore the request is not medically necessary.