

<b>Case Number:</b>	CM14-0049909		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	11/06/2009
<b>Decision Date:</b>	02/20/2015	<b>UR Denial Date:</b>	03/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2014

### 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: California  
 Certification(s)/Specialty: Physical Medicine & Rehab

### 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 patient is a 66 year old female with an injury date on 11/06/2009. Based on the 01/27/2014 progress report provided by the treating physician, the diagnoses are: 1. Moderate to severe degenerative disc disease of cervical spine with headaches. Moderate degenerative disc disease and moderate central disc protrusion at C4-C5 effaces the spinal cord producing right neuroforaminal narrowing and right C5 nerve root encroachment. Disc protrusion with effacement of the spinal cord at C3-C4, C4-5, and C5-6, on 04/26/2010 MRI versus c4-C5 and C5-C6 discectomy and spinal cord decompression and fusion requested by Dr. O. on 07/09/2010. 2. Multilevel degenerative disc disease of the lumbar spine, moderate to severe with effacement of thecal sac at L3-4, L4-5, and L5-S1 3. Right hip trochanteric bursitis 4. Left hand contusion, rule out abductor pollicis brevis tendonitis secondary to contusion, abated second metatarsal ligament strain, rule out first metacarpal fracture and carpometacarpal arthrosis. 5. Bilateral carpal tunnel syndrome, NCV documented on 09/22/2010 with EMG. 6. Right ankle Achilles tendonitis, improved. According to this report, the patient complains of "continues to have numbness and tingling in the upper extremities." "The patient continues to have pain daily in the neck, low back, and also in the right hip where she was previously diagnosed with trochanteric bursitis." Examination findings show marked tenderness over the right upper trapezius muscle, right trochanteric bursa, and the first dorsal extensor compartment as well as the first CMC joint. Discomfort to palpation is noted over the paravertebral muscles of the low back. Tinel's sign is positive on the left equivocal on the right with bilateral carpal tunnel syndrome. The patient's work status is "Remain on TTD." The treatment plan is referred patient

for GI consultation, psychology evaluation for depression, neurologist to rule out headaches, referred patient for Internal Medicine consult, MRI, and gym membership. The patient's past treatment consists of 2D echocardiogram, carotid duplex, and renal ultrasound. Only one report is provided and there is no other significant findings noted on this report. The utilization review denied the request for x1 year gym membership on 03/26/2014 based on the ODG guidelines. The requesting physician provided treatment report on 01/27/2014.

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

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

**GYM MEMBERSHIP X 1 YEAR:** 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)

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

**Decision rationale:** According to the 01/27/2014 report, this patient presents with neck, low back, hip and upper extremities pain. Per this report, the current request is for gym membership x1 year. The MTUS guidelines do not address gym memberships. The ODG guidelines states, "Not recommended as a medical prescription unless a home exercise program has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals." Reviewing of the provided report, the treating physician does not provide any rationale for gym membership and why the patient is not able to do home exercise. There is no discussion regarding the need for special equipment and how the patient is to be medically supervised. In this case, the treating physician fails to provide necessary documentation as guidelines recommend. Therefore, the request is not medically necessary.