

<b>Case Number:</b>	CM14-0081674		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	12/27/2013
<b>Decision Date:</b>	02/03/2015	<b>UR Denial Date:</b>	05/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2014

### 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 Family Practice, and is licensed to practice in North Carolina. 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:

According to the records made available for review, this is a 44-year-old female with a date of injury on 12/27/2013. Documentation from 02/11/2014 indicated that the injured worker sustained an ongoing progressive injury to the neck, shoulder, and hands. Documentation from 04/21/2014 indicated the diagnosis of cervical spondylosis without myelopathy. Subjective findings from 04/21/2014 were remarkable for ongoing complaints of pain to the neck and bilateral shoulders with associated symptoms of numbness and tingling. The pain was rated a zero on the scale of zero to ten, but is exacerbated with bending, driving, fatigue, sitting, stress, and twisting. The medical record also noted the injured worker to be able to tolerate sitting, standing, and walking for longer than 25 minutes and was able to bathe, clean, cook, dress, drive, and groom self without any difficulty; but notes to have difficulty with sleeping and being able to concentrate which she rated as a five on a scale of zero to ten. Physical examination from 04/21/2014 was remarkable for a range of motion to the cervical spine of ten degrees on forward flexion and extension and fifty degrees of rotation bilaterally. Range of motion to the shoulders was remarkable for 180 degrees to forward flexion bilaterally, and abduction bilaterally. Motor strength testing was notable for a four out of five to the left and right shoulder for forward flexion. Prior treatments offered to the injured worker included use of ice, transcutaneous electrical nerve stimulation unit, physical therapy, and a medication history of Naproxen and Cyclobenzaprine. Medical records provided included nine physical therapy visit notes along with documentation from 04/21/2014 noting the injured worker to have six additional physical therapy visits. Physical therapy notation from 04/15/2014 noted the pain to the neck to be a zero out of ten and demonstrated an increase in strength, but the documentation did not provide specific details of functional improvement and improvement in work function. Medical records from 04/21/2014 noted a work status of a return to full duty without restrictions and that the

injured worker had reached maximum medical improvement. On 05/08/2014, Utilization Review non-certified the prescription of a gym membership with a quantity of six months and with a personal trainer with a quantity of fifteen sessions. The gym membership and personal trainer was noncertified based on California Medical Treatment Utilization Schedule, The American College of Occupational And Environmental Medicine\'s Occupational Medicine Practice Guidelines, 2nd Edition (2004) page 114, Chronic Pain Medical Treatment Guidelines, along with the Official Disability Guidelines; noting that exercise is recommended as part of a rehabilitation program, but a gym membership is not unless a home exercise program has not been effective and there is a need for equipment. The guidelines used also noted that there is insufficient evidence that one particular exercise regimen is recommended over another. The Utilization Review indicated that there was no documentation of a failed home exercise program or documentation of a need for specific gym equipment. The Utilization Review also noted that the injured worker was still undergoing physical therapy sessions, thereby noncertifying the request for a gym membership with personal trainer sessions.

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

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

**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) gym memberships

**Decision rationale:** The California MTUS and the ACOEM do not specifically address gym memberships. Per the Official Disability Guidelines, gym memberships are not recommended 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 specialized equipment not available at home. Treatment needs to be monitored and administered by medical professionals. There is no included documentation, which shows failure of home exercise program. The provided documentation also notes successful physical therapy in reduction of pain symptoms. The documentation states the gym membership and personal trainer sessions are to further improve strength and flexibility. There is no indication why this would be necessary after the completion of physical therapy and why this cannot be accomplished through a home exercise program. The criteria for gym membership as outlined above have not been met. Therefore the request is not certified.

**Personal Trainer Sessions:** 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) gym memberships

**Decision rationale:** The California MTUS and the ACOEM do not specifically address gym memberships. Per the Official Disability Guidelines, gym memberships are not recommended 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 specialized equipment not available at home. Treatment needs to be monitored and administered by medical professionals. There is no included documentation, which shows failure of home exercise program. The provided documentation also notes successful physical therapy in reduction of pain symptoms. The documentation states the gym membership and personal trainer sessions are to further improve strength and flexibility. There is no indication why this would be necessary after the completion of physical therapy and why this cannot be accomplished through a home exercise program. Personal trainer also does not qualify as a medical professional. The criteria for gym membership as outlined above have not been met. Therefore the request is not certified.