

<b>Case Number:</b>	CM15-0003287		
<b>Date Assigned:</b>	02/06/2015	<b>Date of Injury:</b>	01/18/2006
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	12/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2015

### 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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 63-year-old female who reported an injury on 01/18/2006. The injured worker reportedly suffered a cervical and lumbar injury when she fell out of her chair. The current diagnoses include chronic pain syndrome, cervical radiculopathy and lumbosacral neuritis or radiculitis. On 11/21/2014, the injured worker presented for a followup evaluation with complaints of neck and shoulder pain. The injured worker also reported associated symptoms to include numbness and tingling, spasm, headaches, fatigue, weakness and locking of the elbow. The current medication regimen includes oxycodone 30 mg, cyclobenzaprine 5 mg, Protonix 20 mg, hydrochlorothiazide 25 mg, lisinopril 10 mg, and Verapamil ER 240 mg. Upon examination, there was limited range of motion of the cervical spine with pain, diminished motor strength in the left upper extremity, decreased grip strength on the left, paresthesia to light touch in the left upper arm, 1+ biceps reflexes bilaterally and positive Spurling's maneuver. Recommendations included a gym membership for aquatic services to reduce weight with resistance training. A request for authorization form was then submitted on 12/03/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gym membership for one-year with pool access:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The Official Disability Guidelines do not recommend gym memberships as a medical prescription unless a home exercise program has not been effective and there is a need for equipment. In this case, there was no indication that this injured worker's home exercise program had been ineffective. There was no indication that this injured worker required specialized equipment. The medical necessity for the requested 1 year gym membership with pool access has not been established at this time. Therefore, the request is not medically appropriate.