

Case Number:	CM15-0142151		
Date Assigned:	08/03/2015	Date of Injury:	08/03/2010
Decision Date:	08/31/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	07/22/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 49 year old female who sustained an industrial injury on 8-3-2010. She was in a rear ended auto accident injuring the neck, low back, and left shoulder. She has reported back pain and has been diagnosed with lumbago. Treatment has included medical imaging, modified work duty, chiropractic care, physical therapy, injection, and medications. She had sharp pain in the left shoulder while making a turn driving the bus. Left shoulder x-rays dated 2- 5-2014 were negative. MRI dated 3-17-2014 noted the long head biceps tendon were unremarkable. There was no tenosynovitis. There was mild rotator cuff tendinosis. There was no rotator cuff tear. A type 1 lateral downsloping acromion with mild narrowing of the lateral supraspinatus outlet was seen. The treatment request included a health club member ship.

IMR ISSUES, DECISIONS AND RATIONALES

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

Health Club membership 3 months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, 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) Pain section, Gym membership.

Decision rationale: Pursuant to the Official Disability Guidelines, health club membership three months is not medically necessary. Gym memberships are not recommended as a medical prescription unless a documented home exercise program periodic assessment and revision has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals area with unsupervised programs, there is no information flow back to the provider, so he or she can make changes in the prescription, and there may be risk of further injury to the patient. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment and are therefore not covered under these guidelines. In this case, the injured worker's working diagnoses are right shoulder pain; left shoulder pain; and chronic pain syndrome. The date of injury is August 3, 2010. The request for authorization is July 13, 2015. According to a functional restoration program discharge report (undated), the injured worker was transitioned to a home exercise program. The documentation indicates the injured worker does not have the appropriate equipment to perform home exercises. The injured worker completed 160 hours of a functional restoration program. The treating provider requested a health club membership for three months. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment and are therefore not covered under these guidelines. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, health club membership three months is not medically necessary.