

Case Number:	CM15-0147992		
Date Assigned:	08/11/2015	Date of Injury:	07/20/2011
Decision Date:	09/09/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/30/2015

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

Certification(s)/Specialty: Emergency 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 July 20, 2011 resulting in pain in her neck, upper back, and lower back. She was diagnosed with fibromyalgia, low back pain, migraine headaches, and brachial neuritis or radiculitis. Documented treatment has included rest, physical therapy, acupuncture, chiropractic, massage therapy, and medication, but the injured worker continues to present with back pain. The treating physician's plan of care includes gym membership with pool access for 6 months. She is presently not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership with pool access for 6 months: 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 (updated 05/15/15) - Online Version, 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) "Low Back-Lumbar and Thoracic", "Gym memberships".

Decision rationale: MTUS Chronic pain and ACOEM Guidelines do have any sections that relate to this topic. As per Official Disability Guidelines, Gym memberships are not recommended unless there is a specific need for special equipment and they are medically supervised. Gym memberships are not supervised is not being assessed by medical professionals and therefore are not considered medical treatment with no appropriate documentation or information returning to provider. There is no documentation of any plan for medical supervision and why a gym membership is necessary. While continued exercise especially pool exercise is recommended, Pool and Gym membership is not medically necessary.