

Case Number:	CM15-0161466		
Date Assigned:	08/27/2015	Date of Injury:	06/10/1998
Decision Date:	10/02/2015	UR Denial Date:	08/08/2015
Priority:	Standard	Application Received:	08/17/2015

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: 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 49 year old male, who sustained an industrial injury on June 10, 1998. The initial symptoms reported by the injured worker are unknown. The injured worker was diagnosed as having crush injury of the right hand. Treatment to date has included diagnostic studies and home exercise program. On June 30, 2015, the injured worker complained of spasm in the right CVA region. He was noted for T-L junction dysfunction and stated that he had a significant flare three weeks prior to exam date. The treatment plan included physical therapy and a one-year gym membership for a home exercise program to try and assist the injured worker in being more compliant with his home exercise program. Notes stated that when he is more compliant with his home exercise program, he has fewer flares and they are less intense. A request was made for a one-year gym membership.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Year 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 (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), 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) Shoulder chapter under Gym memberships.

Decision rationale: The current request is for a 1 Year gym membership. The RFA is dated 08/05/15. Treatment to date has included medications, physical therapy, diagnostic studies and home exercise program. The patient's work status was not addressed. MTUS and ACOEM guidelines are silent regarding gym membership. The ODG guidelines, Shoulder chapter under Gym memberships state: 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. While an individual exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision. On June 30, 2015, the patient reported a significant flare up of this upper and lower back pain. Physical examination revealed spasms. All other exam findings were within normal limits. The treatment plan included physical therapy and a "one year gym membership for a home exercise program to try and assist the patient in being more compliant with his home exercise program." In this case, there are no details about the need of specialized equipment. Furthermore, there are no plans for medical supervision at the gym. ODG does not support gym memberships unless there is a need for special equipment such as a pool to perform necessary exercises and adequate supervision/monitoring is provided. Therefore, the request IS NOT medically necessary.