

<b>Case Number:</b>	CM15-0183263		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	07/22/2014
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	09/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 07-22-2014. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for high blood pressure, high cholesterol, cervical disc displacement without myelopathy, lumbar disc displacement without myelopathy, a closed fracture of the right distal radius, right shoulder pain and concussion. Medical records indicate ongoing right wrist, low back, bilateral ankle, right shoulder and neck pain. Pain levels were not mentioned. Records did not address activities of daily living for functional levels; however, physical therapy (PT) records did note that the IW was able to successfully complete additions and progress to the treatment program without increased pain. Per the treating physician's progress report (PR), the IW was allowed to return to work with restrictions. The physical exam, dated 08-07-2015, revealed decreased right arm abduction, painful internal and external rotation in the right shoulder, pain over the right shoulder acromioclavicular joint, and painful arch at 100° on the right shoulder. Motor strength was noted to be 5 out of 5 in both upper and lower extremities. Relevant treatments have included 14 sessions of PT for the low back and neck, work restrictions, and pain medications. The PR, dated 08-07-2015, stated that the IW was continuing with PT for the low back. The PR (07-28-2015) shows that the following service was requested: a 13-week trial health club membership with pool access. The original utilization review (09-02-2015) non-certified the request for a 13 week trial health club membership with pool access.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Trial of a 13 week health club membership with pool access:** 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), 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 & Thoracic (Acute & Chronic), Gym memberships.

**Decision rationale:** The claimant sustained a work injury in July 2014 when he slipped and fell from an excavator. He is being treated for neck, low back, right shoulder, right wrist, and bilateral ankle pain. In June 2015, he had completed physical therapy treatments and additional therapy was requested. He had improved exercise and walking tolerances with treatments. In August 2015, he had returned to physical therapy. A foam roller had been recommended. He was requesting access to a gym for use of a pool and elliptical machine. Physical examination findings included decreased upper extremity strength. There was decreased and painful right shoulder range of motion with pain over the acromioclavicular joint. A gym membership is 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 equipment. In this case, there is no documentation of a prescribed exercise program or need for specialized equipment. The claimant had improved exercise and walking tolerances with conventional land based therapy and a need for pool access has not been demonstrated. The requested gym membership is not medically necessary.