MAXIMUS Federal Services

| Case Number: | CM15-0192607 | | |
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| Date Assigned: | 10/06/2015 | Date of Injury: | 08/15/2007 |
| Decision Date: | 11/19/2015 | UR Denial Date: | 09/09/2015 |
| Priority: | Standard | Application Received: | 09/30/2015 |

## 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, North Carolina
Certification(s)/Specialty: Family Practice

## 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 male, who sustained an industrial-work injury on 8-15-07. A review of the medical records indicates that the injured worker is undergoing treatment for cervical radiculitis, bilateral shoulder pain, osteoarthritis of the left hip, osteoarthritis of the right knee, Status post bilateral shoulder surgery and depression, anxiety and post-traumatic stress disorder. Treatment to date has included pain medication, diagnostics physical therapy at least 5 sessions, off of work, bed rest and other modalities. Medical records dated 9-2-15 indicate that the injured worker complains of neck pain that radiates down the bilateral upper extremities. The pain is accompanied by tingling and numbness in the bilateral upper extremities. He also complains of low back pain and lower extremity pain with pain in the left hip and right knee. The pain is rated 8 out of 10 on the pain scale with medications and 8 out of 10 without medications. This has remained unchanged. Per the treating physician report dated 9-2-15 the injured worker has not returned to work. The physical exam dated 9-2-15 reveals cervical tenderness, limited range of motion, and positive facet signs in the cervical spine. The range of motion of the lumbar spine is limited secondary to pain. The range of motion of the bilateral shoulders was decreased due to pain and grip strength was decreased on the left side. There was tenderness noted on palpation at the right knee and left hip internal and external rotation at 90 degrees flexed position reproduced significant hip and groin pain. The physician indicates that electromyography (EMG) -nerve conduction velocity studies (NCV) of the bilateral upper extremities dated 8-10-09 reveals right C6 radiculopathy. The Magnetic Resonance Imaging (MRI) of the cervical spine dated 12-31-08 reveals discogenic changes with multi-level

degenerative disc disease (DDD). Treatment to date has included pain medication, physical therapy at least 5 sessions, off of work, bed rest and other modalities. The requested service included Six month gym membership. The original Utilization review dated 9-9-15 non-certified the request for Six month gym membership.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Six month 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: Gym memberships (2015).

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

**Decision rationale:** ODG states that gym memberships are not recommended as a medical prescription unless a home exercise program has not been effective and there is a need for specialized equipment. Treatment needs to be monitored and administered by medical professionals. In this case, there is no evidence of a failed home exercise program or a need for specialized equipment. There is also no mention of availability of medical professionals at the gym to monitor and administer therapy. With at least 5 sessions of physical therapy since the date of injury in 2007, the patient should be well-versed in a home exercise program. Therefore, the request for a gym membership is not medically necessary or appropriate.