

Case Number:	CM15-0193467		
Date Assigned:	10/07/2015	Date of Injury:	04/04/2012
Decision Date:	11/16/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/01/2015

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 57 year old female who sustained an industrial injury on April 04, 2012. A recent pain management follow up dated September 25, 2015 reported subjective complaint of "developing a Staph infection in her skin." Of note, her pain medications were discontinued by her primary care when she was placed on antibiotics. She is also with exacerbation of her liver condition. The worker is noted having started a weight loss program on her own and has lost 60 pounds since last visit. She states that the functional restoration program "made a huge difference in her overall condition." She is with complaint of anxiety and depression. Current medications consisted of: Capsaicin, Nabumetone, Pantoprazole, Gabapentin, and Tramadol. The following diagnoses were applied to this visit: carpal tunnel syndrome, pain in joint shoulder, lateral epicondylitis, medial epicondylitis and psychogenic pain. She was prescribed: Relafen, Protonix, and Gabapentin. The plan of care is with requested recommendation for a gym membership one year, which will allow her to continue to rehabilitate herself. A follow up dated October 31, 2014 reported subjective complaint of "chronic bilateral shoulder, elbow and wrist pain." On September 03, 2015 a request was made for a gym membership one year to assist the worker is losing more weight that was noncertified by Utilization Review on October 01, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership for 1 year: 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 and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6: p87.

Decision rationale: The claimant has a history of a repetitive strain injury with date of injury in April 2012 affecting the cervical spine in both upper extremities. In October 2014, she had recently completed a functional restoration program. She had planned on returning to work but had been released from her job part way through the program. She was morbidly obese. When seen in September 2015 treatment for hepatitis C was pending. She had started a weight loss program on her own and has lost 60 pounds. The functional restoration program had made a huge difference in her overall condition and she was planning on starting a teaching job in January 2016. No physical examination was recorded. Authorization for a one-year gym membership was requested. 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. If a membership is indicated, continued use can be considered if can be documented that the patient is using the facility at least 3 times per week and following a prescribed exercise program. In this case, there is no documentation of a prescribed exercise program or need for specialized equipment. The claimant is doing very well, had lost weight, and plans to return to work. A gym membership is not medically necessary.