

<b>Case Number:</b>	CM15-0198609		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	08/19/2009
<b>Decision Date:</b>	11/20/2015	<b>UR Denial Date:</b>	09/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2015

### 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 64 year old female, who sustained an industrial injury on 8-19-09. Medical records indicate that the injured worker is undergoing treatment for a cervical herniated nucleus pulposus, cervical discogenic disease and right shoulder impingement. The injured worker was totally disabled. On (9-1-15) the injured worker reported residual neck pain from her prior surgery. The injured worker was noted to be doing reasonably well. Objective findings noted that cervical x-rays done 8-20-15 showed a satisfactory fusion for the stage of her recovery. A physical examination was not noted. Treatment and evaluation to date has included medications, MRI of the cervical spine, cervical spine fusion, right shoulder arthroscopy and a right carpal tunnel repair. Current medications include Gabapentin, Ibuprofen and Hydrocodone. The current treatment request is for a gym membership. The Utilization Review documentation dated 9-29-15 non-certified the request for a gym membership.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**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), Neck and Upper Back (Acute & Chronic).

**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 sustained a work injury in August 2009. She underwent right carpal tunnel surgery, arthroscopic right shoulder surgery in December 2011, and an anterior cervical fusion in 2013 with revision surgery in 2015. When seen, she was doing reasonably well. She was happy with the outcome of her surgery. She had residual neck pain. X-rays demonstrated expected postoperative findings. Medications were Neurontin and Motrin. There was no physical examination recorded. The claimant was not interested in physical therapy. A gym membership was recommended instead. 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 requested gym membership is not medically necessary.