

<b>Case Number:</b>	CM15-0202448		
<b>Date Assigned:</b>	10/19/2015	<b>Date of Injury:</b>	10/26/1998
<b>Decision Date:</b>	11/30/2015	<b>UR Denial Date:</b>	09/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2015

### 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: Connecticut, California, Virginia  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 61 year old male, who sustained an industrial injury on 10-25-1998. The injured worker is undergoing treatment for bilateral shoulder joint arthritis and impingement, carpal tunnel release with residual, De Quervain's, cervical degenerative discs, cervical spondylosis and right shoulder nonunion of fracture. Medical records dated 9-22-2015 indicate the injured worker complains of neck, shoulder and wrist pain with occasional numbness and tingling in the fingers. He reports he continues to use a home exercise program (HEP). Physical exam dated 9-22-2015 notes cervical and bilateral shoulder tenderness to palpation with decreased range of motion (ROM). There is bilateral shoulder impingement. Treatment to date has included home exercise program (HEP), cervical fusion, bone graft, cortisone injections, medication and activity alterations. The original utilization review dated 9-29-2015 indicates the request for gym program 1 year health club membership is non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gym program one year health club membership:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Exercise. Decision based on Non-MTUS Citation Work Loss Data Institute,

Official Disability Guidelines (ODG) Treatment in Workers Compensation, 5th Edition Low back: Gym membership.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG low back, knee, etc. /gym memberships.

**Decision rationale:** The MTUS does not discuss gym memberships, and therefore the ODG provides the preferred mechanism for assessment of medical necessity regarding the topic. The ODG states that gym memberships are 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; the provided records do not clarify these concerns and therefore do not provide sufficient evidence to support the request. Additionally, treatment needs to be monitored and administered by medical professionals, which does not encompass personal trainers. While an individual exercise program is of course recommended, the current request given the provided records, cannot be considered medically necessary and appropriate.