

Case Number:	CM15-0205984		
Date Assigned:	10/22/2015	Date of Injury:	11/17/1998
Decision Date:	12/10/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/20/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 78-year-old female who sustained an industrial injury on 1-17-1998 and has been treated for chronic upper back pain. Diagnoses include cervical spondylosis, myalgia and myositis, and lumbar spondylosis. On 9-25-2015, the injured worker reported neck pain. At the previous visit, it was noted that the pain was in the upper left thoracic spine and was radiating to the left shoulder, characterized as constant, moderate, and sharp. Objective findings stated that she exhibited pain with forward flexion and extension of the neck. Documented treatment includes Thermacare heat pads and independent pool therapy in which she has engaged since at least 2013. The treating physician's plan of care includes renewing her gym membership, which was denied on 10-1-2015. Current work status remains out of work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership renewal: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Exercise. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Procedure Summary Gym memberships.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The MTUS Guidelines support the use of a home exercise program as a part of the treatment to improve and maintain function and manage pain. The submitted and reviewed documentation indicated the worker was experiencing pain in the upper left mid-back region that went into the left shoulder. While the Guidelines support the use of a continued home exercise program to maintain these improvements, there was no discussion suggesting the reason a gym membership was needed in order to continue this treatment. Further, the request was for an indefinite length of time. For these reasons, the current request for renewing a gym membership for an indefinite amount of time is not medically necessary.