

<b>Case Number:</b>	CM15-0023840		
<b>Date Assigned:</b>	02/13/2015	<b>Date of Injury:</b>	07/27/2000
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	01/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 54-year-old female who reported an injury on 08/22/2000 due to an unspecified mechanism of injury. On 01/19/2015, she presented for a follow up evaluation regarding her work related injury. She reported feeling "crunchiness and crackling" in her neck with motion. She stated that the pain would travel into the back of her head on the left side, down to the shoulder and neck. She also reported more headaches and having swallowing problems. She stated that she had to stop going to the gym because she could not afford it and that her symptoms had increased as a result. A physical examination showed flexion of 65 degrees, extension of 25 degrees, rotation of 45 degrees, and left rotation of 30 degrees. She was diagnosed with status post ACDF, adjacent segment disorder, revision with fusion, confirmed swallowing problems by swallow study, possible laryngeal nerve paresis, and crepitus. The treatment plan was for a gym membership for continued exercises.

### 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), Lumbar.

**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, Gym Memberships.

**Decision rationale:** The Official Disability Guidelines do not recommend gym memberships unless there is evidence that equipment is needed and there is a documented home exercise program with periodic assessment and revision that has not been effective. The documentation provided does not indicate that the injured worker had been performing a home exercise program or that she needed equipment for her exercise regimen. Without documentation to show that a gym membership is medically necessary to treat the injured worker's condition, the request would not be supported. Therefore, the request is not medically necessary.