

Case Number:	CM15-0055563		
Date Assigned:	03/30/2015	Date of Injury:	03/05/2009
Decision Date:	05/04/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/23/2015

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

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 58-year-old female, who sustained an industrial injury on 3/5/2009. She reported an injury due to repetitive activities. The injured worker was diagnosed as having carpal tunnel syndrome and disorder of the bursae and tendon. There is no record of a recent diagnostic study. Treatment to date has included medication management. In a progress note dated 2/19/2015, the injured worker complains of shoulder and hand pain and low back pain. The treating physician is requesting 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 (months) QTY: 12.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Knee and Leg Chapter, Gym Memberships.

Decision rationale: The patient presents with shoulder, hand, and low back pain. The request is for Gym Membership (Months) QTY: 12.00. The RFA is not provided. Patient's diagnosis included carpal tunnel syndrome and disorder of the bursae and tendon. Treatment to date has included medication management. The reports do not reflect whether or not the patient is working. MTUS Guidelines do not address gym memberships. ODG, knee and leg chapter, gym memberships, state, "Not recommended as a medical prescription unless a home exercise program has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals." The rationale for the request is to help increase strength, flexibility, endurance and to promote weight loss to better control this patient's symptoms. In this case, there are no discussions regarding a failed home exercise program, the need for the use of specialized equipment, or plans for medical supervision at the gym. This request is not medically necessary.