

Case Number:	CM15-0081860		
Date Assigned:	05/04/2015	Date of Injury:	07/13/2013
Decision Date:	06/02/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/29/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 35 year old male who sustained an industrial injury on July 13, 2013. He has reported upper back and neck pain and has been diagnosed with intractable chronic daily headaches, predominantly transformed vascular, chronic myofascial pain syndrome, cervical spine, moderate to severe, mild left C6 radiculopathy, and bilateral carpal tunnel syndrome and early ulnar neuropathy, not related to specific injury noted above. Treatment has included medical imaging, medications, modified work duty, and psychological care. Currently the injured worker complained of neck and upper back pain that ranged from a 6-8/10 without medications and a 3-4/10 with medications. The treatment request included a gym membership x 3 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership for 3 months: 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, Gym Membership.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Gym membership.

Decision rationale: Pursuant to the Official Disability Guidelines, 3 months gym membership is not medically necessary. Gym memberships are not recommended as a medical prescription unless a documented home exercise program periodic assessment and revision has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals area with unsupervised programs, there is no information flow back to the provider, so he or she can make changes in the prescription, and there may be risk of further injury to the patient. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment and are therefore not covered under these guidelines. In this case, the injured worker's working diagnoses are intractable chronic daily headaches; chronic myofascial pain syndrome cervical spine; major depression; memory impairments; mild left radiculopathy; bilateral carpal tunnel syndrome and early ulnar neuropathy. The request for authorization is dated March 27, 2015. The most recent progress note in the medical record is dated December 9, 2014 (approximately 3 months prior). There is no documentation in the medical record with a clinical indication or rationale region membership. Additionally, gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment and are therefore not covered under these guidelines. Consequently, absent contemporaneous clinical documentation with guideline non- recommendations for gym memberships, 3 months gym membership is not medically necessary.