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| Case Number: | CM15-0003662 | | |
| Date Assigned: | 01/14/2015 | Date of Injury: | 03/14/2012 |
| Decision Date: | 03/09/2015 | UR Denial Date: | 12/19/2014 |
| Priority: | Standard | Application Received: | 01/07/2015 |

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: Emergency 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 50 year old female who sustained an industrial related injury on 1/1/12. The injured worker had complaints of chronic neck and bilateral upper extremity pain. The injured worker was taking hydrocodone bit/apap, naproxen, gabapentin, ketamine, and venlafaxine HCL ER. The diagnoses included carpal tunnel syndrome and ulnar nerve lesion. On 1/7/15 the treating physician requested authorization for a 1 year gym membership. On 12/19/14 the request for a 1 year gym membership was non-certified. The utilization review physician cited the Medical Treatment Utilization Schedule guidelines and noted there was no documentation that supported the medical necessity of a facility based exercise program for the continued benefit of the neck and repetitive strain disorder of the upper extremities. A home exercise program could be performed independently at home without the need for specialized equipment, therefore the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Year 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, Pain Chapter - Exercise; Low Back - Gym Memberships

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Wrist and hand; Low Back; Elbow and Shoulder sections

Decision rationale: MTUS Chronic pain and ACOEM Guidelines do have any sections that relate to this topic. As per Official Disability Guidelines, Gym memberships are not recommended. They are not supervised, is not being assessed by medical professionals and therefore are not considered medical treatment with no appropriate documentation or information returning to provider. While continued exercise is recommended, Gym membership is not medically necessary.