

<b>Case Number:</b>	CM15-0015176		
<b>Date Assigned:</b>	02/03/2015	<b>Date of Injury:</b>	09/05/2007
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	01/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2015

### 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, Pain Management

### 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 62 year old male who sustained an industrial injury reported on 9/5/2007. He has reported ongoing right wrist pain with numbness and tingling in the hand, and right shoulder and elbow pain. The diagnoses have included acquired secondary torticollis; chronic pain syndrome; cervical facet pain bilaterally; cervical spondylosis without myelopathy; and right chronic carpal tunnel syndrome - acute on chronic symptoms - with release. Treatments to date have included consultations; diagnostic imaging studies; 24 physical therapy sessions; > 12 acupuncture treatments; injection therapies; completed a functional restoration program and is on a home exercise program; and medication management - currently weaned from all opioids. The work status classification for this injured IW was noted to be having met maximum medical improvement and is retired. On 1/12/2015, Utilization Review (UR) non-certified, for medical necessity, the request, made on 12/29/2014, for a 3 month gym membership to make the home exercise program less difficult while living in a Hotel. The Official Disability Guidelines was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**3 month 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- TWC

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Gym Memberships

**Decision rationale:** Regarding request for gym membership, Chronic Pain Medical Treatment Guidelines state that exercise is recommended, but do not have provisions for or against a gym membership. The ODG state the gym memberships are not recommended as a medical prescription unless a documented home exercise program with 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. 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 a risk of further injury to the patient. The requesting provider in this case is stating that because the patient is living in a hotel, there is not sufficient space for a home exercise program. But there is no extenuating circumstance to address the lack of information flow back to the provider with a gym membership. Therefore, the currently requested gym membership is not medically necessary.