

Case Number:	CM15-0017155		
Date Assigned:	02/05/2015	Date of Injury:	04/22/2009
Decision Date:	03/23/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/29/2015

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
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 a 45 year old female, who sustained an industrial injury on 4/22/09. She reported neck and upper extremity pain related to a heavy object falling on her. The diagnoses have included brachial neuritis, cervicgia and lumbosacral spondylosis. Treatment to date has included TENS unit, physical therapy, MRI of the cervical spine and oral medications. As of the PR2 dated 11/18/14, the injured worker reported ongoing right upper extremity and neck pain. The treating physician requested a six month gym membership. On 1/8/15 Utilization Review non-certified a request for a six month gym membership. The utilization review physician cited lack of medical necessity. On 1/20/15, the injured worker submitted an application for IMR for review of a six month gym membership.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 months of gym membership: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise. Decision based on Non-MTUS Citation Official Disability Guidelines, Online Edition Chapter, Low Back - Lumbar & Thoracic (Acute & Chronic) Gym Memberships

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pages 46-47, Exercise Page(s): 46-47. Decision based on Non-MTUS Citation ODG - Neck and Upper Back (Acute & Chronic), Gym Memberships

Decision rationale: The requested 6 months of gym membership, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Exercise, Pages 46-47, note that exercise is "Recommended. There is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. There is insufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen." ODG - Neck and Upper Back (Acute & Chronic), Gym Memberships, note that gym memberships are "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. While an individual exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment, may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision. 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." The injured worker has ongoing right upper extremity and neck pain. The treating physician has not documented failed home exercise or specific equipment needs that support the medical necessity for a gym membership. The criteria noted above not having been met, 6 months of gym membership is not medically necessary.