

Case Number:	CM15-0112714		
Date Assigned:	06/19/2015	Date of Injury:	09/09/2010
Decision Date:	07/17/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/11/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 59-year-old female, who sustained an industrial/work injury on 9/9/10. She reported initial complaints of neck and upper and lower extremity pain. The injured worker was diagnosed as having chronic pain syndrome, cervical disc degeneration, adjustment disorder, dysthymic disorder. Treatment to date has included medication, surgery for shoulders and hips, physical therapy, massage therapy, acupuncture, biofeedback, psychiatric care, and injections. MRI results were reported on 5/6/11 of the cervical spine that reveals cervical spondylosis with multilevel hypertrophic facet changes. MRI of the right knee on 3/26/12 revealed avulsion of the posterior meniscotibial root and medial meniscus, meniscal degeneration and partial thickness degenerative tear of the posterior root attachment of the lateral meniscus. X-Rays results were reported on 3/27/12 of left and right thumbs. Currently, the injured worker complains of neck and upper and lower extremity pain. Per the primary physician's progress report (PR-2) on 4/20/15, examination revealed normal gait, no swelling, normal muscle tone, no rashes, and alert and oriented with no changes in affect/mood. Current plan of care included renewal of YMCA membership. The requested treatments include YMCA Membership, 1-year renewal.

IMR ISSUES, DECISIONS AND RATIONALES

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

YMCA Membership, 1 year renewal: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, gym memberships.

Decision rationale: The California MTUS and the ACOEM do not specifically address gym memberships. Per the Official Disability Guidelines, 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 specialized equipment not available at home. Treatment needs to be monitored and administered by medical professionals. There is no included documentation, which shows failure of home exercise program. The criteria for gym membership as outlined above have not been met. Therefore, the request is not medically necessary.