

Case Number:	CM15-0117039		
Date Assigned:	06/25/2015	Date of Injury:	10/27/2009
Decision Date:	07/24/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/17/2015

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: Massachusetts

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:

This 55 year old woman sustained an industrial injury on 10/27/2009. The mechanism of injury is not detailed. Evaluations include cervical spine MRI dated 2/24/2012. Diagnoses include neck pain and myofascial cervical spine pain. Treatment has included oral medications, surgical intervention, and physical therapy. Physician notes dated 4/16/23015 show complaints of continued neck pain. Trigger point injections were administered during this visit. Recommendations include Norco, three-month gym membership, and follow up in one month.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 month gym membership with a pool Qty:1: 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 Chapter, Gym Membership.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6: p87.

Decision rationale: The claimant sustained a work-related injury in October 2009 and continues to be treated for chronic neck pain. When seen, she was walking 5 days per week. Physical examination was unchanged with the prior assessment documenting decreased cervical spine range of motion with tenderness and a left rhomboid trigger point. A trigger point injection was performed. Authorization for a gym membership was requested. A need for more upper body exercise is referenced. A gym membership is 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. If a membership is indicated, continued use can be considered if can be documented that the patient is using the facility at least 3 times per week and following a prescribed exercise program. In this case, there is no documentation of a prescribed exercise program or need for specialized equipment. If upper body exercise is being requested, then a trial of physical therapy including a home exercise program could be considered. There would be no need for a pool as the claimant is able to perform land-based exercises. The gym membership is not medically necessary.