

Case Number:	CM15-0121008		
Date Assigned:	07/01/2015	Date of Injury:	02/19/2012
Decision Date:	07/31/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/23/2015

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: Preventive Medicine, Occupational 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 54-year-old female who sustained an industrial injury on 2/19/2012 resulting in pain to the right shoulder and upper extremity and neck. She was diagnosed with a humeral fracture, and subsequently cervical degenerative arthritis and cubital tunnel syndrome. Treatment has included open reduction internal fixation of the right humerus, acupuncture, physical therapy and pool walking, which the injured worker has reported to help with symptom relief. The injured worker continues to present with cervical pain and spasms, right arm paresthesia, and weakness in bilateral upper extremities. The treating physician's plan of care includes 6 sessions of acupuncture and a 6-month gym membership. She is presently working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) months 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 (ODG), Low Back Chapter Gym Memberships.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, Gym Memberships.

Decision rationale: The MTUS Guidelines do not address the use of gym membership. The ODG does not recommend 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. There is no indication that the injured worker has attempted an at home exercise program. There is no mention of how the injured worker would be monitored for functional improvement and there is no mention of the need for specialized equipment. The request for six (6) months gym membership is not medically necessary.