

<b>Case Number:</b>	CM15-0061231		
<b>Date Assigned:</b>	04/07/2015	<b>Date of Injury:</b>	08/22/2012
<b>Decision Date:</b>	05/11/2015	<b>UR Denial Date:</b>	03/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/31/2015

### 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: Indiana

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 53 year old female who sustained an industrial injury on 8/22/12 when she was involved in a rear-end motor vehicle accident and experienced headache, dizziness and vomiting. She hit the dashboard. She continued with neck pain and headaches despite therapy and was recommended to have surgery, which she did on 3/16/14. After surgery, there was some improvement but she still had neck pain. She currently complains of neck pain, left shoulder and trapezius pain. She has headaches as well. Medications are Norco, ibuprofen, gabapentin, Soma. Diagnoses include status post anterior cervical discectomy and fusion at C4-5 and C5-6 on 3/6/14 with moderate relief of pain; cervicgia; cervical herniated nucleus pulposus; cervical radiculopathy. Treatments include physical therapy and medications. Diagnostics include cervical spine x-rays (11/14); MRI cervical spine 2/1/13, 9/11/13; electromyography/ nerve conduction study (2/20/13). In the progress note dated 1/15/15 the treating provider's plan of care included a 6 week gym membership.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gym membership x 6 months only (include pool use/trainer): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy; physical medicine Page(s): 22, 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Gym Membership Other Medical Treatment Guideline or Medical Evidence: [http://www.nhlbi.nih.gov/guidelines/obesity/bmi\\_tbl.pdf](http://www.nhlbi.nih.gov/guidelines/obesity/bmi_tbl.pdf).

**Decision rationale:** The MTUS guidelines are silent as to gym memberships so the Official Disability Guidelines were consulted. For pool access, the MTUS aquatic therapy and physical medicine sections were consulted. The official disability guidelines state "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." The official disability guidelines go on to state: "Furthermore, treatment needs to be monitored and administered by medical professionals." The treating physician did not provide documentation of a home exercise program with supervision or a current height and weight. The California MTUS guidelines recommend aquatic therapy in cases of extreme obesity with "active self-directed home Physical Medicine." The medical documents do not show the employee to be extremely obese. Therefore, the request is not medically necessary.