

<b>Case Number:</b>	CM15-0076887		
<b>Date Assigned:</b>	04/28/2015	<b>Date of Injury:</b>	04/02/2007
<b>Decision Date:</b>	06/05/2015	<b>UR Denial Date:</b>	04/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2015

### 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 56 year old female who sustained an industrial injury on 04/02/2007. The injured worker was diagnosed with lumbar radiculopathy, chronic pain syndrome and cervicobrachial syndrome. The injured worker is status post C5-6 left foraminotomy in May 2010. Treatment to date includes diagnostic testing, surgery, chiropractic therapy, acupuncture therapy (4 of 8 sessions completed), physical therapy, home exercise program and medications. According to the primary treating physician's progress report on March 30, 2015, the injured worker reports left hand pain and unable to make any movement with her left wrist and currently wearing a wrist brace. The injured worker rates her pain level at 7/10. The injured worker also reports low back pain. A previous report dated February 6, 2015, demonstrated tenderness of the cervical paravertebral muscles, tight muscle band and trigger points bilaterally. Facet tenderness was noted at C5 and C6 bilaterally. Spurling's sign was positive bilaterally and without radicular symptoms. The lumbar spine examination noted paravertebral muscles tenderness and spasm with positive lumbar facet loading test on the right. Straight leg raise was negative. Current medications are listed as Ultram, Baclofen, Gabapentin and Terocin Patch. Treatment plan consists of pain management, urine drug screening and the current request for a 12 month gym membership.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gym membership at the YMCA for twelve months: 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.

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

**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.