

<b>Case Number:</b>	CM13-0002306		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	11/26/1985
<b>Decision Date:</b>	10/13/2014	<b>UR Denial Date:</b>	07/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2013

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 62-year-old male with a reported injury on 11/26/1984. The mechanism of injury was not stated in the records. The diagnoses included hypertension, heart disease, and obesity. The past treatments were not noted in the records. There was no relative diagnostic testing documented in the notes. There was no surgical history noted in the records. According to the 06/28/2013 supplemental report, the injured worker was last seen on 05/07/2013. No subjective complaints or objective findings were provided. It was noted the injured worker had been receiving a gym membership to treat his industrial injury. The provider noted the injured worker required a gym membership to keep fit and lose weight, along with his dietary program. The injured worker's medications were not included in the notes. The treatment plan was to order a gym membership. A request was received for a gym membership. The rationale for the request was to decrease hypertension, decrease blood sugar, and prevent heart attack in the future. The request for authorization form was not provided in the records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**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), Gym Membership

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic, Gym memberships.

**Decision rationale:** The request for a gym membership is not medically necessary. The Official Disability Guidelines state that gym memberships, health clubs, swimming pools, and athletic clubs are not recommended unless documentation shows that a formal home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. The guidelines also specify that, while exercise is encouraged, treatment needs to be monitored and administered by medical professionals as unsupervised programs may lead to risk of further injury. The injured worker has chronic low back pain. No recent clinical notes were provided for review to include subjective complaints and objective findings. There is a lack of documentation regarding the failure of a formal home exercise program. There is no indication as to the necessity of equipment. In addition, the submitted request does not specify the duration of the gym membership. In the absence of this information, the request is not supported by the guidelines. As such, the request is not medically necessary.