

<b>Case Number:</b>	CM13-0002947		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	08/01/2012
<b>Decision Date:</b>	03/06/2014	<b>UR Denial Date:</b>	07/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine, 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 physician 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:

This is a 54-year-old male who sustained work-related injury on 08/01/2012. He was pulling a pallet and unloading and the floor was wet when he slipped and fell sustaining injury to his neck, mid back, and lower back. A clinical note dated 06/24/2013 by the provider indicates he presented with complaints of bilateral shoulders, lower back radiating to his lower extremities, left hip, and right knee with reduced range of motion. On exam, his weight was 330 lbs. On bilateral shoulder exam, there was tenderness to palpation over bilateral upper trapezius and bilateral acromioclavicular (AC) joint. On lumbar spine exam, there was tenderness to palpation over the left L5-S1, left sciatic notch, left anterior hip, and left anterior thigh. Flexion 40, extension 20, right and left lateral flexion 25. There was decreased sensation to light touch over right lateral thigh, right lateral foot, and right lateral calf. On left hip exam, there was tenderness to palpation over anterior and lateral groin and decreased range of motion. On right knee exam, there was tenderness to palpation over medial joint line. On left knee exam, there were no positive clinical findings. The provider reported that the patient has lost 28 pounds from participating in the Lindora weight loss program. The provider's plan was to have the patient access to exercise equipment and a pool for swimming exercises with goal of losing weight. The provider requested authorization for gym membership with pool access.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gym membership with pool access:** 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 Memberships

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

**Decision rationale:** The CA MTUS guidelines have no appropriateness regarding this request, hence Official Disability Guidelines (ODG) have been reviewed for this information. As per ODG, it is not recommended as this treatment needs to be monitored and administered by medical professionals. The guidelines further states that there is a risk of further injury to the patient with unsupervised programs. The request has no mention whether it will be supervised by a professional who will document the outcomes of the treatment, and hence the request is not certified.