

<b>Case Number:</b>	CM13-0006384		
<b>Date Assigned:</b>	08/29/2013	<b>Date of Injury:</b>	08/08/2007
<b>Decision Date:</b>	01/08/2014	<b>UR Denial Date:</b>	07/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/02/2013

### 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 Internal Medicine and is licensed to practice in New York. 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.

### 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 claimant is a 56 year old male who sustained a work-related injury on 08/08/2007. Per the documentation he slipped injuring his left ankle, left knee and low back. Diagnoses include left ankle pain- s/p ankle surgery x 2, left knee arthralgia and chronic lumbar backache. He has opioid dependence which provides him with some therapeutic improvement. On exam he has tenderness in the left knee and ankle joint with decreased range of movement. The treating provider has requested a gym membership with a pool for a period of 6 months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The gym membership with a pool for six 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), Section Low Back.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** Per the Official Disability Guidelines, a gym membership is not recommended unless a home exercise program has not been effective and there is a need for specific 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 a gym

membership with pool access is not recommended. There is no documentation provided which includes a specific exercise program which requires a gym membership with pool access for the treatment of the claimant's chronic pain condition. The request for the gym membership with a pool for six months is not medically necessary and appropriate.