

<b>Case Number:</b>	CM13-0009364		
<b>Date Assigned:</b>	03/10/2014	<b>Date of Injury:</b>	03/06/2004
<b>Decision Date:</b>	04/10/2014	<b>UR Denial Date:</b>	07/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/09/2013

### 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 & Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in Texas. 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 patient is a 50-year-old female who reported an injury on 03/06/2004. The mechanism of injury was not specifically stated. The patient is currently diagnosed with degeneration of lumbar or lumbosacral intervertebral disc, lumbago, shoulder pain, cervical disc disease, chronic pain syndrome, severe major depressive disorder, anxiety, and PTSD. The latest physician progress report is submitted on 11/25/2013. Physical examination revealed multiple pain behaviors, severe depression, swollen and tender mandibular and submandibular areas, swelling and tenderness to bilateral knees, and tenderness to palpation of the upper, middle, and lower back. Treatment recommendations included home healthcare.

### 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), Knee Chapter, Gym Memberships.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee & Leg Chapter, Gym Memberships

**Decision rationale:** Official Disability Guidelines state gym memberships are not recommended as a medical prescription unless a home exercise program has not been effective and there is a need for equipment. The patient does not appear to meet criteria for the requested service. There is no indication that his patient has failed to respond to a home exercise program. There is also no indication of the need for specialized equipment. Based on the clinical information received, the request is non-certified.