

<b>Case Number:</b>	CM13-0010468		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	05/03/2001
<b>Decision Date:</b>	04/15/2014	<b>UR Denial Date:</b>	07/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/13/2013

### 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 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:

This patient reported a date of injury of 5/03/01. The patient has a history of injury to the back caused by lifting files. She also has cumulative trauma to both wrists. The patient is being followed at this juncture by a Pain/PM&R specialist. On 6/28/13 follow-up, the patient is noted to have completed a course of water therapy with reported benefit. Diagnosis at the time was low back pain and myofascial pain with fibromyalgia. Given that the patient did well with water therapy, a gym membership with pool access for six months was recommended. This was submitted to utilization review on 7/23/13. The request for a gym membership was not recommended for certification.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**GYM MEMBERSHIP FOR 6 MONTHS 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), Low Back Chapter, Exercise.

**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, Gym memberships.

**Decision rationale:** Gym memberships are not medical treatment or standard of care, and unsupervised exercise in patients with medical issues and no direct feedback to the healthcare provider can result in worsening the condition. Gym memberships are not recommended by guidelines and are not required for an effective home exercise program. A gym membership with pool access is not medically necessary.