

<b>Case Number:</b>	CM13-0012526		
<b>Date Assigned:</b>	09/26/2013	<b>Date of Injury:</b>	05/30/2003
<b>Decision Date:</b>	01/17/2014	<b>UR Denial Date:</b>	08/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/16/2013

### 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 & Rehabilitation and Pain Medicine, and is licensed to practice in Ohio and 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 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:

The patient is a female who reported an injury on 05/30/2003. The patient's diagnoses included L4-5 disc herniation with lumbar radiculopathy and left patellar subluxation which required reconstructive surgery. The patient's treatment plan included a 6 month gym membership.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 months 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, Knee and Leg (Acute and Chronic)

**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 Chapter, gym membership

**Decision rationale:** The requested 6 months of a gym membership is not medically necessary or appropriate. The Official Disability Guidelines recommend gym memberships only in instances where the patient has failed to progress in a home exercise program and requires special equipment outside of the home. Additionally, this type of treatment must be monitored by a physician, and documented functional improvements must be reported. The clinical

documentation submitted for review did provide evidence that the patient was previously approved for a gym membership at the YMCA. However, there was no submitted documentation to support that the patient was being monitored by a physician and that functional improvements were being reported. As such, the requested 6 months of a gym membership is not medically necessary or appropriate.