

<b>Case Number:</b>	CM13-0014660		
<b>Date Assigned:</b>	10/07/2013	<b>Date of Injury:</b>	05/05/2011
<b>Decision Date:</b>	02/18/2014	<b>UR Denial Date:</b>	07/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2013

### 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 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:

The patient was injured on 5/5/11 with low back and lower extremity pain. EMG 2/14/12 confirmed right L5 radiculopathy. He has responded well to TENS unit plus medication and maintaining physical activity. He attends a gym and reports better ability to be active and better flexibility. The request is for a 1 year gym membership to be provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) year 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), Health Clubs.

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

**Decision rationale:** The provider had not demonstrated why the patient needs a structured environment in order to maintain conditioning. A home exercise program should be sufficient.