

<b>Case Number:</b>	CM13-0030972		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	07/03/2012
<b>Decision Date:</b>	04/17/2014	<b>UR Denial Date:</b>	09/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2013

### 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 Family Practice 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:

The patient is a 42-year-old male who reported an injury on 07/03/2012. The mechanism of injury was not stated. The patient is diagnosed with disorder of the sacrum, sciatica, and psychogenic pain. The patient was seen by [REDACTED] on 09/17/2013. The patient reported chronic lower back pain, as well as left lower extremity pain. Physical examination only revealed an antalgic gait. Treatment recommendations included a 12-month gym membership with pool access.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **12 MONTH GYM MEMBERSHIP WITH POOL ACCESS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 142. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, re Gym Membership

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (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 documentation of a failure to respond to a home exercise program. There is also no indication that this patient requires specialized equipment. The patient's physical examination only revealed an antalgic gait. There was no documentation of a significant musculoskeletal or neurological deficit. Based on the clinical information received and Official Disability Guidelines, the request is for 12 month gym membership with pool access is not medically necessary and appropriate.