

<b>Case Number:</b>	CM13-0035712		
<b>Date Assigned:</b>	04/04/2014	<b>Date of Injury:</b>	07/26/2010
<b>Decision Date:</b>	07/03/2014	<b>UR Denial Date:</b>	10/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2013

### 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 Pain Medicine, and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 34-year-old female who reported an injury on 07/26/2010. The mechanism of injury was not provided. The documentation of 08/15/2013 revealed the injured worker had been utilizing Chi Gong and Tai Chi. The injured worker had been getting massages and paying for it on her own. The injured worker additionally was treated with physical therapy. The documentation indicated the injured worker as getting up intermittently from a seated position and stretching her back and legs, and every time she stretched there was a loud popping sound. Palpation revealed tenderness over the bilateral sacroiliac regions. There was guarding of the lumbar paraspinals and gluteus bilaterally. Range of motion was within normal limits in the lumbosacral spine. Additionally, the physician documented after performing range of motion movements, the injured worker's pelvis would go out and the injured worker had to get up and pop each side to get relief. The physician further documented that sensory function showed hypersensitivity and dysesthesia along the medial and anterior aspect of the left leg spreading into the dorsal foot into the distribution of L5. The injured worker had an antalgic gait, and was limping and used a cane. The treatment recommendation was for a gym membership since the injured worker was doing most of the exercises on her own and self-managing. The diagnoses included lumbar strains and sprains.

### 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:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**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 Memberships.

**Decision rationale:** The Official Disability Guidelines (ODG) indicates that gym memberships would not generally be considered medical treatment and are not covered under the ODG. The clinical documentation submitted for review indicated the injured worker was self-treating. There was a lack of documentation of objective functional deficits and exceptional factors to support the necessity for non-adherence to guideline recommendations. The request as submitted failed to indicate the duration for the gym membership. Given the above, the request for a gym membership is not medically necessary.