

<b>Case Number:</b>	CM13-0040251		
<b>Date Assigned:</b>	03/21/2014	<b>Date of Injury:</b>	11/20/2008
<b>Decision Date:</b>	04/28/2014	<b>UR Denial Date:</b>	09/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2013

### 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 Occupational 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 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:

According to the records made available for review, this is a 58-year-old male with a 11/20/08 date of injury. At the time (8/26/13) of request for authorization for gym membership at [REDACTED] health club, there is documentation of subjective (chronic neck pain with tingling sensation radiating into the bilateral upper and lower extremities) and objective (limited range of motion in the neck, spasming and twitchin of muscles with point tenderness at verious points) findings, current diagnoses (degeneration of the cervical intervertebral disc, cervical spondylosis without myelopathy, cervicalgia, brachial neuritis or radiculitis, spasm of muscle, lumbago, and thoracic or lumbosacral neuritis or radiculitis), and treatment to date (medications (including Naproxen, Tramadol, Butrans Patch, Zanaflex, and Voltaren). There is no documentation that a home exercise program with periodic assessment and revision has not been effective, there is a need for equipment, and that treatment is monitored and administered by medical professionals

### IMR ISSUES, DECISIONS AND RATIONALES

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

**GYM MEMBERSHIP AT [REDACTED] HEALTH CLUB:** 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, Gym Memberships

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Gym Membership

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. ODG identifies documentation that a home exercise program with periodic assessment and revision has not been effective, there is a need for equipment, and that treatment is monitored and administered by medical professionals, as criteria necessary to support the medical necessity of gym membership. Within the medical information available for review, there is documentation of diagnoses of degeneration of the cervical intervertebral disc, cervical spondylosis without myelopathy, cervicgia, brachial neuritis or radiculitis, spasm of muscle, lumbago, and thoracic or lumbosacral neuritis or radiculitis. However, there is no documentation that a home exercise program with periodic assessment and revision has not been effective, there is a need for equipment, and that treatment is monitored and administered by medical professionals. Therefore, based on guidelines and a review of the evidence, the request for gym membership at langermann health club is not medically necessary.