

<b>Case Number:</b>	CM13-0046523		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	05/01/2011
<b>Decision Date:</b>	02/28/2014	<b>UR Denial Date:</b>	10/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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 Family Medicine, and is licensed to practice in Arkansas and Utah. 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 51 year old female who sustained an injury while putting towels into a linen bag on 05/01/11. She has been diagnosed with low back pain, right shoulder pain, left hip chronic pain, displaced femoral neck fracture, shoulder labral tear, tendonitis, depressive disorder and chronic pain. Her physical exam findings of 12/12/12 showed an alert female in no apparent distress but deconditioned. She has tenderness noted on the lumbar spine, left greater than right. Flexion to 60 degrees, Extension to -10 degrees, both noted with pain. Straight leg was positive on the left and negative on the right. Psoas and Extensor Hallicus Longus muscle testing was 5/5. Gait was antalgic. According to the clinical records, the physician did note "the patient has a history of using the gym in a positive way", but fails to mention any specifics. Her medications included, but are not limited to: Tramadol, Ultracet, Mirtazapine, Zolpidem, Actos, Gabapentin, Cymbalta. She also attended visits for cognitive behavioral therapy. She had a surgical procedure, open reduction internal fixation, of the hip and later had removal of hardware (surgical screws) from her hip. The patient later went on to have a total hip replacement. She underwent a shoulder surgery for a labral tear repair as well as a subacromial decompression with mumford on 04/04/12. Physical therapy notes states that she did note improvement after the surgery. Physical therapy notes state that patient "is a little better." The physician notes mention, "She may benefit from a community gym program after therapy is finished. The notes are not clear in that she requires special equipment that would create a medical necessity for a gym membership beyond her own home exercise program, and physical therapy sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve (12) month gym and pool membership for low back, right shoulder and left hip:**  
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 Chapter, 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), Low Back Pain, Gym Membership.

**Decision rationale:** There is no specific MTUS guidelines that discuss the use of gym membership. Other guidelines as cited above were used. The patient's clinical documents were reviewed. According to the above cited guidelines, The Official Disability Guidelines state in the low back chapter, that gym memberships are, "Not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revisions has not been effective and there is a need for specific equipment. Plus, this treatment is required to be monitored by medical professionals". The guidelines continue to state, with these unsupervised sessions at the gym, there is no flow of information back to the medical provider, so that modification in the prescription can take place. And as of note, since these sessions are unsupervised there is a risk of further injury to the patient. According to the clinical records, the physician did note "the patient has a history of using the gym in a positive way", but fails to mention any specifics. As these would be unsupervised gym sessions, there would be no way to document any improvement in the patient's condition. The physician's notes mention, "She may benefit from a community gym program after therapy is finished. The notes are not clear in that she requires special equipment that would create a medical necessity for a gym membership beyond her own home exercise program, and physical therapy sessions. At this time a gym membership for 12 months is not considered a medical necessity for the patient.