

<b>Case Number:</b>	CM13-0052859		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	02/10/2003
<b>Decision Date:</b>	06/27/2014	<b>UR Denial Date:</b>	11/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2013

### 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 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 46 year old female with an injury date of 02/10/03. Based on the 10/10/13 progress report provided by [REDACTED], the patient complains of constant pain in her neck and lower back. Her diagnoses include the following: Cervical disc degeneration, Thoracic or lumbosacral neuritis or radiculitis (not otherwise specified), Spasm of muscle, Lumbago, and Sacroilitis not elsewhere classified. [REDACTED] is requesting for a gym membership for twelve months. The utilization review determination being challenged is dated 11/04/13. [REDACTED] is the requesting provider, and she provided treatment reports from 02/14/13- 12/05/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **A GYM MEMBERSHIP FOR TWELVE (12) MONTHS: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) ODG GUIDELINES ON GYM MEMBERSHIP FOR LOW BACK CHAPTER

**Decision rationale:** According to the 10/10/13 report, the patient presents with constant pain in her neck and lower back. The request is for gym membership for twelve months. The treater does

not provide any rationale as to why the exercise cannot be performed at home, what special needs there are for a gym membership, and how the patient is to be supervised during exercise. The ODG state that it is not recommended as a medical prescription "unless a documented home exercise program with periodic assessment and revision has not been effective and there is need for equipment." In this case, there are no discussions regarding a need for a special equipment and failure of home exercise as well as why a gym is needed to accomplish the needed exercises. Therefore, the request is not medically necessary and appropriate.