

<b>Case Number:</b>	CM13-0056516		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	09/29/2003
<b>Decision Date:</b>	05/05/2014	<b>UR Denial Date:</b>	10/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/22/2013

### 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 and Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in Texas. 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 53-year-old female who reported an injury on 09/29/2003. The mechanism of injury was not stated. Current diagnoses include cephalgia, history of right carpal tunnel syndrome, left carpal tunnel syndrome, left lateral epicondylitis, status post lumbar fusion, status post lumbar decompression with stabilization, lumbar spine chronic polyradiculopathy, left knee myxoid intrasubstance degenerative changes in the medial meniscus, gastric bypass, gastritis, stress, anxiety, depression, and possible sleep disorder. The injured worker was evaluated on 09/09/2013. The injured worker reported persistent pain in the left upper extremity, lower back, bilateral hips, and left knee. Physical examination revealed generalized tenderness to the left wrist, tenderness to bilateral L5-S1 regions, tenderness to bilateral sciatic notches, paresthesia in the entire right foot, limited lumbar range of motion, and tenderness to palpation of the left knee. Treatment recommendations on that date included authorization for a gym membership for 1 year.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A ONE YEAR GYM MEMBERSHIP:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Health Clubs

**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 injured worker does not appear to meet criteria for the requested service. There is no documentation of a significant musculoskeletal or neurologic deficit. There is also in indication that this injured worker has failed to respond to a home exercise program. There is no indication that this injured worker requires specialized equipment. Based on the clinical information received and the Official Disability Guidelines, the request is non-certified.