

<b>Case Number:</b>	CM13-0061618		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	07/01/2011
<b>Decision Date:</b>	04/07/2014	<b>UR Denial Date:</b>	11/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2013

### 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 Physical Medicine and 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 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 58-year-old female who reported an injury on 07/01/2011. The mechanism of injury occurred while moving a wheelchair during the summer of 2011, and resulted in loss of function of the left arm that progressed overnight into a functional quadruplegia. The patient's surgical history includes a fusion from C3 to C7 in 2011, a hysterectomy, oophorectomy, and a more recent bladder surgery. The patient has been able to perform minimal activities of daily living using a 4 wheeled walker to ambulate short distances. She recently received a course of physical therapy in the middle of 2013, specifically addressing quadriceps strengthening and gait training. The therapy note dated 06/03/2013 indicated that the patient was to continue with therapy for 2 additional weeks and then transfer to an independent gym program. The notes on this date indicated that the patient required assistance for transitioning and setup of equipment. Other than this therapy note, there was no further mention of the need for a gym membership.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**GYM MEMBERSHIP FOR [REDACTED] 1 YEAR:** 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).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Gym Membership.

**Decision rationale:** The California MTUS/ACOEM Guidelines recommend exercise and strengthening in the treatment of chronic pain. However, guidelines do not recommend any particular exercise regimen over any other exercise regimen, as there is insufficient evidence to support 1 over the other. California Guidelines did not specifically address gym memberships, and therefore, the Official Disability Guidelines were also supplemented. The Official Disability Guidelines do not recommend gym memberships unless there is documentation that a home exercise program with periodic assessment and revision has been ineffective, and there is a need for equipment. The clinical information submitted for review did not detail the need for specific equipment use. In addition, it was noted that the patient would require assistance in transitioning and setting up of the equipment. As no supporting documentation for the necessity of a gym membership was provided for review and the patient can modify home exercises for quadriceps strengthening, the request is not medically necessary. As such, the request for gym membership for [REDACTED] 1 year is non-certified.