

<b>Case Number:</b>	CM13-0064038		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	08/17/2009
<b>Decision Date:</b>	05/20/2014	<b>UR Denial Date:</b>	11/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2013

### 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 Illinois. 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 35-year-old male who reported an injury on 08/17/2009 and the mechanism of injury was from a crushing injury. The clinical note from 11/06/2013 indicated the injured worker was in for a re-evaluation regarding his left lower extremity and complex regional pain syndrome type I, significant sleep and mood disorder, and upper extremity cumulative trauma disorder. The injured worker continued to progressively try to bear weight on his left lower leg with the aid of [REDACTED] crutches as well as the intermittent use of a knee brace. The injured worker's primary tool had been aquatic rehabilitation and he had this resource through a gym membership on a daily basis. The gym membership is about to expire in December and is a six month membership to help the injured worker continue to get weightbearing and off of the crutches. The current request is for renewal gym membership x 6 months on 11/11/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RENEWAL GYM MEMBERSHIP X 6 MONTHS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, LOW BACK PAIN CHAPTER

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) LOWER LEG, GYM MEMBERSHIP

**Decision rationale:** The California MTUS/ACOEM Guidelines do not address the request. The Official Disability Guidelines do not recommend gym memberships 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. Additionally, it indicates that gym memberships would not generally be considered medical treatment and therefore, are not covered under these guidelines. The guidelines indicate that gym memberships risk further injury to the patient and it is unclear how exercising in a pool would further the doctor's goal of weight bearing. The request for a renewal gym membership x 6 months is not supported by the ODG guidelines. Therefore, the request is not medically necessary.