

<b>Case Number:</b>	CM13-0067453		
<b>Date Assigned:</b>	05/02/2014	<b>Date of Injury:</b>	11/29/2002
<b>Decision Date:</b>	07/08/2014	<b>UR Denial Date:</b>	12/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/13/2013

### 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 Anesthesiology, has a subspecialty in Pain Management 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:

This is a 50-year-old female with an 11/29/02 date of injury. The exact mechanism of injury has not been described. She was employed by [REDACTED]. An office visit note on 11/13/13 indicated the patient recently had gastrointestinal surgery on 10/29/13 in which the patient is not allowed to utilize oral pills, only liquid forms. The patient had posterior neck pain which caused headaches and constant aching. Objective: she uses a cane and has a very antalgic gait. She has severe neck pain that is elicited with all movement. Diagnostic Impression: Cervicalgia, Cervical Degenerative Disc Disease, Myofascial Pain Syndrome, and Low Back Pain. Treatment to date: activity modification, medication management. A UR decision dated 12/5/13 denied the request for the annual health club membership based on the fact that the use of a gym may improve the patient's overall health but does not constitute clinically, professionally directed medical services. The activities are not expressively supervised by a licensed health care professional, goals are not monitored or established, and adherence is voluntary. A home exercise program can be executed in any setting and does not require a "gym" setting.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ONE HEALTH CLUB MEMBERSHIP ANNUAL WITH ONE MONTH TRIAL OF POOL FACILITY ACCESS RELATED TO CERVICAL/LEFT UPPER EXTREMITY:**  
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 (ODG) Low Back Chapter, Gym Membership.

**Decision rationale:** CA MTUS does not address this issue. ODG does not recommend gym memberships unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. In addition, treatment needs to be monitored and administered by medical professionals. However, there is no evidence that attempts at home exercise were ineffective. There is no evidence that the patient would require specialized equipment. There is also no indication that treatment will be administered and monitored by medical professionals. In addition, gym memberships, health clubs, swimming pools, athletic clubs, etc., are not generally considered medical treatment. There is no description as to why this patient needs an entire year of a gym membership. There is no description of failures of a home exercise program. Therefore, the request for Health Club Membership with one month trial of pool facility-access related to Cervical/left upper extremity was not medically necessary.