MAXIMUS Federal Services

| Case Number: | CM13-0069693 | | |
|---|---|---|---|
| Date Assigned: | 01/03/2014 | Date of Injury: | 10/30/2007 |
| Decision Date: | 05/28/2014 | UR Denial Date: | 11/26/2013 |
| Priority: | Standard | Application Received: | 12/23/2013 |

## 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, 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 67 year old male who reported an injury on 10/30/2007 secondary to an unknown mechanism of injury. He was evaluated on 10/30/2013 and reported 5/10 back pain, 4/10 leg pain, 6/10 neck pain, and 5/10 arm pain. On physical exam, it was noted that the injured worker had been participating in water exercises three times per week at a local gym at the time of evaluation and was benefitting from it. He was noted to have slightly limited cervical range of motion (75% of normal extension) with pain at the end of range of motion in all directions. He was also noted to have normal strength, sensation, and reflexes in all extremities. Diagnoses included cervical and lumbar spondylosis with facet arthropathy as well as cervical and lumbar degenerative disc disease. Medications at the time of request were noted to include Lidoderm and Duexis. A request for authorization was submitted on 11/18/2013 for a one year gym membership to use for aquatic exercise.

## 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 Official Disability Guidelines (ODG), Low Back Chapter.

**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:** 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. There is no documented evidence in the information submitted for review that the injured worker has tried a home exercise program. Furthermore, the injured worker was noted to already be participating in aquatic exercise at his local gym. However, there is no quantifiable evidence of pain relief or functional improvement documented as a result of his current gym participation. Additionally, guidelines state that treatment should be monitored and admininstered by medical professionals. Gym memberships, health clubs, and swimming pools are unsupervised and may place the injured worker at risk for further injury. Therefore, guidelines do not consider gym memberships a form of medical treatment. As such, the request for one year gym membership is not medically necessary.