

<b>Case Number:</b>	CM13-0070085		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	09/23/2011
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	11/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/24/2013

### 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 and is licensed to practice in Texas and Ohio. 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 62-year-old male who reported an injury on 09/23/2011. The mechanism of injury was a fall. His diagnoses include trochanteric bursitis (right), generalized osteoarthritis, and chronic pain syndrome. His previous treatments included medication, physical therapy, and injections. Per the clinical note dated 10/15/2013, the injured worker reported that the steroid injections into his right trochanter bursa reduced his pain and improved his function. He reported the pain had decreased to a 2/10 and he would like to commit to a home exercise program. He reported his increased after walking two blocks. He reported he had completed 5 of 6 sessions of pain management. The injured worker's medications include Tramadol HCl and Voltaren XR. The physician's treatment plan included a request for 2 sessions of physical therapy to teach a home exercise program and a request for a trial of gym membership in order to utilize an individualized home exercise program, prevention reinjury, improve function, and diminish pain along with reducing medical treatments. The Request for Authorization was provided on 11/02/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**GYM MEMBERSHIP FOR THREE MONTHS QUANTITY ONE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Gym memberships.

**Decision rationale:** The current request gym membership for 3 months quantity 1 is not medically necessary. 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. As such, the request for gym membership for 3 months quantity 1 is not medically necessary.