

<b>Case Number:</b>	CM13-0070714		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	03/25/1978
<b>Decision Date:</b>	08/11/2014	<b>UR Denial Date:</b>	12/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2013

### 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 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:

The injured worker is a 68-year-old male with a reported injury on 03/25/1978. The mechanism of injury was him being struck by a vehicle on a freeway while on motorcycle patrol. The worker injured his head, neck, back, and finger. The injured worker had an examination on 01/07/2014 with complaints of lower back pain, mostly on the right, and known radiculopathy. He had restricted range of motion with spasms and reduction in tremors but he still continued to complain of a headache. The injured worker reported that the low back pain caused radiating pain down to his right leg and numbness to his right leg as well. The injured worker had already had a gym program for 1 year and it allowed him to be stable with his back pain. It was reported that the injured worker was on a home exercise program and it was not effective. There were no other previous treatments provided. The reasoning for a gym membership was because of the recommended aquatic exercise with a heated pool. The physician reported previously that he noticed the non-weight bearing exercise in a heated pool reduced the lower back pain and the radicular pain so that fewer epidural injections were needed. The request for authorization for a gym membership was not provided. The provider noted the injured worker need the gym membership as he needed to utilize a heated pool for aquatic therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RENEW CURRENT GYM MEMBERSHIP FOR ONE YEAR:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Gym Membership.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical therapy, gym membership.

**Decision rationale:** The injured worker has complaints of back pain with radiculopathy symptoms going towards the leg, but he has had a gym membership for 1 year already and he is using it for the aquatic exercises in a heated pool. There has been some efficacy noted and some improvement while he was doing the pool exercises. He did participate in a home exercise program that was noted to be not effective. The Official Disability Guidelines do not recommend gym memberships as a medical prescription unless there is a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. Although the report does state that the home exercise program was not effective, there was not any evidence of a revision or assessment. The provider indicated the injured worker needed a gym membership in order to be able to utilize a heated pool for aquatic therapy. Gym memberships and health club swimming pools are not generally considered medical treatment and therefore, are not covered under these guidelines. There is a lack of documentation indicating the prior gym membership was effective for the injured worker. Therefore, the request for current gym membership for one year is not medically necessary and appropriate.