

<b>Case Number:</b>	CM13-0071342		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	03/15/1999
<b>Decision Date:</b>	05/29/2014	<b>UR Denial Date:</b>	12/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/27/2013

### 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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 49 year old female who sustained a work injury on 03/15/99. Her diagnoses include myalgia and myositis. There is a 12/17/13 primary treating physician progress report that states that the patient complains of total body pain, chronic fatigue, and problems sleeping. The patient has morning gel phenomenon for 30-60 minutes and has no new joint swelling. She reports feeling worse with the cold weather. She complains of low back pain and hip pain, upper back pain, hand and upper arm pain. She reports that meds are helping her sleep and topical creams help with pain and stiffness. On physical exam there is no new joint swelling, a normal neurologic examination. There are no Rheumatoid arthritis deformities. The Trigger points tenderness 12 +. The treatment plan includes a recommendation for a yearly membership to the gym for exercise program for managing and reducing pain and stiffness.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**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), Gym Memberships.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Gym Membership.

**Decision rationale:** The MTUS does not specifically address gym memberships. The ODG states that a gym membership is not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. The documentation submitted does not reveal evidence that documented home exercise program with periodic assessment and revision has been performed and has not been effective. There is also no documentation that specialized equipment is required and medically necessary to alter patient's course of treatment. The request for a one year gym membership is not medically necessary.