

<b>Case Number:</b>	CM14-0007491		
<b>Date Assigned:</b>	02/10/2014	<b>Date of Injury:</b>	03/18/2010
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	01/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2014

### 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 patient is a 63-year-old male who has submitted a claim for lumbar sprain/strain, spinal stenosis, and shoulder sprain/strain; associated with an industrial injury date of 03/18/2010. Medical records from 11/02/2011 to 02/05/2014 were reviewed and showed that patient complained of low back pain with stiffness and spasms. Physical examination showed tenderness over the paraspinal muscles with spasms and guarding. Range of motion was limited. Straight leg raise test was negative. Motor testing was normal. Sensation was intact. Treatment to date has included medications, aquatic therapy, acupuncture, and psychotherapy. Utilization review, dated 01/15/2014, denied the request for gym membership because the documentation provided does not explain why a self-directed home exercise program would not be sufficient to treat the patient's deficits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 MONTH GYM MEMBERSHIP:** 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 Official Disability Guidelines (ODG) Low Back: Exercise, Gym Memberships.

**Decision rationale:** The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Official Disability Guidelines (ODG) was used instead. Gym memberships are 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. Plus, treatment needs to be monitored and administered by medical professionals. With unsupervised programs lack of feedback to the provider prevents prescription modification, and there may be risk of further injury to the patient. In this case, the rationale for the request is to give the patient access to a swimming pool where patient can perform aquatic exercises, as its use would get some weight off her back. However, the medical records submitted for review did not show objective evidence of functional benefits from patient's current gym membership. Also, the present request does not specify medical professional attendance during gym sessions. Therefore, the request for 6 Month Gym Membership, is not medically necessary.