

<b>Case Number:</b>	CM14-0101788		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	04/08/1999
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	05/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2014

### 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 Preventative Medicine, has a subspecialty in Occupational Medicine, and is licensed to practice in Iowa. 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:

This patient is a 67 year old female employee with date of injury of 4/8/1999. A review of the medical records indicate that the patient is undergoing treatment for injury to sciatic nerve, closed fracture of unspecified part of femur, and acquired unequal leg length. Subjective complaints include low back pain radiating down to the left buttocks and pain extending into the right groin; intermittent right side buttocks pain with pain occasionally extending halfway down the posterior thigh. No bowel incontinence, although patient reports some urinary issues. Objective findings include the following: lumbar region - normal sacroiliac joint mobility bilaterally, normal lumbar lordosis, palpation yields no muscle spasm, no paraspinal tenderness, no vertebral spine tenderness, not sacroiliac joint tenderness; range of motion: extension 20, flexion 60; straight leg raise test: negative bilaterally in the sitting position; regarding gait: patient ambulating independently with a straight cane in right hand. Exam of cervical spine/neck revealed normal bilateral sensations and active range within normal limits. Treatment has included physical therapy and crutches in 1999, a cane since then. Trigger point injections administered to right buttocks for a number of years (no record of when they began). Medications have included Motrin 600mg tablet 1 every 8hrs as needed and Levothroid 50MCG tablet. The utilization review dated 5/27/2014 non-certified the request for gym membership.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gym Membership:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gym membership.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, Page(s): p22 and 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) gym membership Other Medical Treatment Guideline or Medical Evidence: [http://www.nhlbi.nih.gov/guidelines/obesity/bmi\\_tbl.pdf](http://www.nhlbi.nih.gov/guidelines/obesity/bmi_tbl.pdf)

**Decision rationale:** The MTUS guidelines are silent as to gym memberships so the Official Disability Guidelines were consulted. The official disability guidelines state, "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." The Official Disability Guidelines go on to state, "Furthermore, treatment needs to be monitored and administered by medical professionals". The treating physician mentions the need for the use of an exercise bike but did not provide documentation of a trial and failure of a home exercise program with supervision. The treating physician has not met the above guidelines. Given the 15-year history of pain, it is anticipated that the claimant would be familiar with an established home exercise program to address the lower extremity weakness. As such, the request for Gym Membership is not medically necessary.