

<b>Case Number:</b>	CM14-0104437		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	04/21/2008
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	07/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2014

### 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 40-year-old male, who has submitted a claim for lumbar sprain/strain; unspecified major depression, recurrent episode; agoraphobia with panic attacks and chronic pain NEC associated with an industrial injury date of April 21, 2008. Medical records from 2014 were reviewed, which showed that the patient complained of chronic back, hip and shoulder pain. Patient also had anxiety and depression. He also continues to have migraine headaches relieved by Naratriptan. There was also low back pain radiating down his left lower extremity with associated numbness and tingling. Physical examination showed patient was on antalgic gait. Muscle tones in all extremities were normal without signs of atrophy. Motor examination was 5/5 on all extremities. MRI of the left hip dated January 24, 2011 showed bilateral avascular necrosis of the femoral head with more acute findings on the left side. There was no evidence for femoral head collapse. No labral tear or pistol grip of osteophytes identified. MRI of the right shoulder done on January 24, 2011, showed focal strain-tendinosis of the articular surface of supraspinatus with mild fraying but no discrete or through-and-through tear. No evidence for labral tear. MRI of the lumbar spine date August 18, 2012 showed multilevel degenerative changes at L5-S1 with mild neural foraminal narrowing. Treatment to date has included medications, physical therapy, home exercise program and epidural steroid injections. Utilization review from July 11, 2014 denied the request for gym membership with pool for 3 months because there is no clear indication that a gym membership constitutes monitored and supervised treatment by healthcare professional. An appeal has been made on July 25, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gym membership with pool for 3 months:** 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)

**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 Chapter, Gym Memberships

**Decision rationale:** The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), was used instead. ODG does not recommend gym memberships unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. In addition, treatment needs to be monitored and administered by medical professionals. In this case, the patient was prescribed gym membership for his back, hip and shoulder pain. However, documents submitted showed that the patient was on physical therapy and home exercise program. Furthermore, charts reviewed did not show failure of physical therapy or home exercise program. There was no discussion regarding the need for certain gym equipment and whether treatment will be monitored or administered by a health professional. Therefore, the request for gym membership with pool for 3 months is not medically necessary.