MAXIMUS Federal Services

| Case Number: | CM14-0010955 | | |
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| Date Assigned: | 02/21/2014 | Date of Injury: | 06/21/2000 |
| Decision Date: | 07/24/2014 | UR Denial Date: | 01/15/2014 |
| Priority: | Standard | Application Received: | 01/27/2014 |

## 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 is a 62-year-old female with a date of injury of 6/21/00. The mechanism of injury occurred when she lifted a wheelchair out of a vehicle. On 1/6/14, the patient reported a lot pain and discomfort in her lower back and legs. On exam, the patient had decreased lumbosacral range of motion with normal strength in the lower extremities. She demonstrated positive straight leg raise of legs. The MD considered at functional restoration program, however, the patient wanted to try an exercise gym instead. Diagnostic impression is lumbar disc injury, lumbosacral sprain/strain, lumbosacral radiculopathy.Treatment to date: medication managementA UR decision dated 1/15/14, denied the request for gym membership because the documentation does not support a rationale as to why a home exercise program would not be effective. The documentation does indicate functional deficits and does not discuss specific equipment required for the request of a gym membership.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**GYM MEMBERSHIP FOR 1 YEAR:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Exercise. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES LOW BACK CHAPTER, GYM MEMBERSHIP.

**Decision rationale:** CA MTUS does not address this issue. 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. However, there is no evidence that attempts at home exercise were ineffective. There is no evidence that the patient would require specialized equipment. There is also no indication that treatment will be administered and monitored by medical professionals. In addition, gym memberships, health clubs, swimming pools, athletic clubs, etc., are not generally considered medical treatment. There is no documentation of a failed home exercise program. Also, the patient deferred the recommendation for a functional restorative program for a gym membership. Therefore, the request for a Gym Membership for 1 year was not medically necessary.