

<b>Case Number:</b>	CM14-0014076		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	04/10/1991
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	01/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2014

### 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 Occupational Medicine 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:

This is a 53-year-old female with a 4/10/91 date of injury. 1/2/14 progress report indicates continued and debilitating lower back pain radiating down both lower extremities. Physical exam demonstrates cervical tenderness, trigger points, decreased cervical ROM, left shoulder tenderness, decreased left shoulder ROM, lumbar tenderness and decreased ROM, there is decreased sensation along the posterior lateral thigh and posterior lateral calf on the left. There is mild right knee soft tissue swelling. 1/22/14 progress report indicates continued and debilitating lower back pain radiating down both lower extremities. Physical exam demonstrates cervical tenderness, trigger points, decreased cervical ROM, left shoulder tenderness, decreased left shoulder ROM, lumbar tenderness and decreased ROM, there is decreased sensation along the posterior lateral thigh and posterior lateral calf on the left. There is mild right knee soft tissue swelling. Treatment to date has included medication, PT, front wheel walker, right knee intraarticular steroid injection, left shoulder steroid injection, and activity modification. There is documentation of a previous 1/30/14 adverse determination; previous review was not made available for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**GYM MEMBERSHIP FOR THE LOW BACK AND LEFT SHOULDER:** 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 (Low Back Chapter, Gym Membership).

**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 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. Therefore, the request for GYM MEMBERSHIP FOR THE LOW BACK AND LEFT SHOULDER was not medically necessary.