

<b>Case Number:</b>	CM14-0016158		
<b>Date Assigned:</b>	03/05/2014	<b>Date of Injury:</b>	08/15/2012
<b>Decision Date:</b>	04/30/2014	<b>UR Denial Date:</b>	01/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/08/2014

### 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 Family Practice and is licensed to practice in Texas. 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 injured worker is a 46-year-old male who reported an injury on 08/15/2012. The mechanism of injury was not provided in the medical records. The injured worker's symptoms included low back pain. The injured worker was noted to have paresthesias to the bilateral legs. The injured worker was also noted to have neck pain with bilateral shoulder pain. Physical examination revealed shoulder flexion of 90 degrees, internal rotation 50 degrees, external rotation 55 degrees, and positive Speed's test. The current request is for gym membership times 6 months (heated pool) for the lumbar spine, cervical spine, bilateral shoulders, and bilateral hands. The clinical note from when the treatment was requested and the reason why it was requested was not provided in the medical records. Past medical treatment included aquatic therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**GYM MEMBERSHIP X 6 MONTHS (HEATED POOL) FOR LUMBAR SPINE, CERVICAL SPINE, BILATERAL SHOULDERS AND BILATERAL HANDS:** 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), TREATMENT INDEX, 11TH EDITION (WEB), 2013, LOW BACK CHAPTER, GYM MEMBERSHIPS.

**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/NECK AND UPPER BACK/SHOULDER/FOREARM, WRIST & HAND: GYM MEMBERSHIPS.

**Decision rationale:** California MTUS/ACOEM do not address. According to the Official Disability Guidelines, gym memberships are not recommended as a medical prescription unless a home exercise program has not been effective and there is a need for equipment. Treatment would need to be monitored and administered by medical professionals. The most recent clinical note provided, indicated the injured worker continued to have low back pain, neck pain, and bilateral shoulder pain. The most recent physical therapy note also indicated the injured worker refused to perform any exercise other than walking and was able to enter and exit the pool using the elevated hand rail. The injured worker was observed using upper extremities to help support bodyweight to exit the pool. The documentation failed to provide evidence of the injured worker participating in a home exercise program that had not been effective and the need for equipment. Additionally, as the documentation has provided evidence of the injured worker participating in aquatic therapy, the need for aquatic therapy is unclear. In the absence of a clear indication of the need for a gym membership, with a heated pool, the request is not supported. Given the above, the request for gym membership times 6 months (heated pool) for lumbar spine, cervical spine, bilateral shoulders, and bilateral hands is non-certified.