

<b>Case Number:</b>	CM14-0018567		
<b>Date Assigned:</b>	04/18/2014	<b>Date of Injury:</b>	08/03/2004
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	01/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2014

### 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 51-year-old male who sustained an injury on 08/03/2004 when his left leg fell into a hole while his right leg remained outside of the hole causing him to do the splits. The injured worker was evaluated on 03/24/2014 for complaints of severe fatigue and difficulty with sleep. The physical examination noted the injured worker's right buttock and lumbar spine to have tenderness and referred back pain with straight leg raise. The treatment plan indicates the use of medications to include tramadol, losartan, and Axiron. The treatment plan further indicates 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:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PHYSICAL THERAPY AND EXERCISE, 98 AND 46-47

**Decision rationale:** The request for gym membership is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule (MTUS) Guidelines recommend the use

of exercise programs; however, the Guidelines state there is no evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. The Guidelines further state home exercise can include exercise with or without mechanical assistance or resistance in functional activities with assistive devices. Therefore, the need for a gym membership is not supported. The documentation submitted for review did not include extenuating circumstances to support the use of a gym membership. Given the information submitted for review, the request for Gym membership is not medically necessary or appropriate.