

<b>Case Number:</b>	CM14-0018579		
<b>Date Assigned:</b>	04/18/2014	<b>Date of Injury:</b>	06/10/2011
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	01/31/2014
<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 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 underlying date of injury in this case is 06/10/2011. The primary diagnosis is lumbar disc displacement. On 01/24/2014, the patient was seen in follow-up by his primary treating physician. The patient was noted to have recently completed a 15-day functional restoration program. He felt good about coping with pain and a change from a crutch to a cane. The patient continued to wear a left knee brace and was trying to walk with the knee brace, although his knee started shaking after a few minutes. Overall the patient was diagnosed with a lumbar radiculopathy, ankle pain, knee pain, and a popliteal synovial cyst. The treating physician noted the patient had made tremendous progress with physical therapy and a functional restoration program and recommended a gym membership to prevent the patient from going back to a sedentary lifestyle which could hinder his ability to return to work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 GYM MEMBERSHIP FOR 12 MONTHS: 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 MEDICINE' EXCERCISE, 99, 46-47

**Decision rationale:** The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on physical medicine, page 99, recommend allowing for fading of treatment frequency with active self-directed home physical medicine. Additionally, the Medical Treatment Utilization Schedule, section on exercise, states there is not sufficient evidence to support the recommendation of any particular exercise regimen over another exercise regimen. The treatment guidelines would therefore support an independent home exercise program at this time. However, neither the treatment guidelines nor the medical records provide a rationale as to why this patient would require a gym membership to achieve this independent exercise program as opposed to home-based exercise. The medical records and guidelines do not support the current request. This request is not medically necessary.