

<b>Case Number:</b>	CM14-0019367		
<b>Date Assigned:</b>	04/21/2014	<b>Date of Injury:</b>	06/14/1982
<b>Decision Date:</b>	07/02/2014	<b>UR Denial Date:</b>	01/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/14/2014

### 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 Orthopedic Surgery 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 records presented for review noted ongoing complaints of low back and leg pain. Sometimes there is interference with sleep. The injured employee is wearing a left knee brace which limits full extension. Lumbar range of motion is reduced, and a slight motor function loss (5-/5) is reported. The records also note the injury dates back to 1983 and the current diagnosis is listed as a lumbosacral neuritis. The progress note dated February 3, 2014 indicates that the injured employee does the exercises every two hours, continues to wear the knee brace, and requires four tablets of Percocet per day. No specific findings are noted on physical examination other than a limited lumbar extension.

### 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:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, GENERAL EXERCISE APPROACH.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG) Low Back Chapter.

**Decision rationale:** It is noted that the MTUS does not specifically address this issue. Furthermore, as outlined in the ODG, there is limited clinical data supporting a gym memberships needed to help address pain issues. The difficulty is that the exercises are not supervised and the accuracy and compliance is not presented. Therefore, based on a lack of monitoring, supervision, and clinical data, the request for gym membership x 6 months is not medically necessary.