

<b>Case Number:</b>	CM14-0122407		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	04/26/2012
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	07/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/04/2014

### 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 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:

44 yr. old female claimant sustained a work injury on 4/6/12 involving the back, left shoulder and head. She was diagnosed with postconcussion syndrome, myalgia and chronic back pain. She had used oral analgesics for pain and undergone home exercises as well as a functional restoration program. A progress note on 7/8/14 indicated the claimant had continued pain in the involved areas. Exam findings were notable for painful range of motion of the low back as well as neck stiffness. There was decreased sensation in in the right hand. She was recommended to continue oral analgesics, use braces for epicondylitis and utilize a gym along with a healthy diet.

### 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 base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Gym membership and pg 26 Official Disability Gym membership.

**Decision rationale:** According to the ACOEM guidelines, at home exercises are recommended. In the event that the patient is either incapable of performing home exercise, or otherwise unable to comply with this option, then a supervised program with a therapist is recommended. There is no recommendation for gym membership under the ACOEM guidelines. There is no evidence to support a gym membership alone would benefit pain management. Furthermore, the ODG guidelines indicate that gym memberships are not recommended as a medical prescription unless there is documented need for equipment due to failure from home therapy. With unsupervised programs, there is no feedback to the treating physician in regards to treatment response. Consequently a gym membership is not medically necessary.