

<b>Case Number:</b>	CM14-0124021		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	01/08/2013
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	07/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2014

### 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 & 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 injured worker is a 56-year-old male with a reported date of injury on 01/08/2013. The mechanism of injury was due to a slip and fall. His diagnoses were noted to include lumbosacral strain, foraminal stenosis, central canal stenosis, and diabetic peripheral neuropathy. His previous treatments were noted to include physical therapy and medications. The physical therapy progress note dated 03/05/2014 revealed pain was about the same but he was walking more and still needed Lyrica to reduce foot pain. The physical therapist reported the injured worker could step up 4 inches and used a walking stick. The physical therapist indicated the injured worker had improved gait distance and control on the stairs. The physical therapist reported progress would be slow and that he did not expect improvements in pain or function until time passed enough to permit strength gains in 6 to 8 weeks. The progress note dated 06/26/2014 revealed lumbar strain and complaints of some pain rated 5/10 with his legs that felt numb. The physical examination revealed L3-S1 with weakness to the bilateral lower extremities. The request for authorization form dated 06/26/2014 was for a gym membership to an [REDACTED] for 12 months however, the provider's rationale was not submitted within the medical records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gym membership 12 months:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Lumbar chapter

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

**Decision rationale:** The request for a Gym membership 12 months is not medically necessary. The injured worker has participated in physical therapy. The Official Disability Guidelines do not recommend gym memberships as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. The treatment needs to be monitored and administered by medical professionals. Gym memberships, health clubs, swimming pools, and athletic clubs would not generally be considered medical treatment, and are therefore not covered by these guidelines. There is a lack of documentation regarding quantifiable functional objective improvements with physical therapy sessions. The guidelines do not recommend gym memberships as a medical prescription. Therefore, the request is not medically necessary.

