

<b>Case Number:</b>	CM14-0129840		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	05/25/2002
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	08/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2014

### 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 Physical Medicine and Rehabilitation and Pain Medicine 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 57-year-old female injured on 05/25/02 due to an undisclosed mechanism of injury. The injured worker subsequently underwent status post wide open decompressive laminectomy from L3 to L5. Diagnoses include lumbar radiculopathy status post fusion, osteoarthritis of the bilateral knees, diabetes myelitis, iatrogenic opioid dependency, cubital tunnel syndrome, status post bilateral carpal tunnel release, status post bilateral 1st dorsal compartment release, and history of rectal bleeding. The clinical note dated 07/29/14 indicated the injured worker presented complaining of neck pain radiating to the left upper extremity aggravated by activity and walking, low back pain radiating down the bilateral lower extremities, bilateral knee pain, and upper back pain. The injured worker rated the pain at 7-10/10 dependent on location of complaint. The injured worker reported increasing sedentary status following the discontinuation of Norco, Fentanyl, and MS Contin. The injured worker reported decreased sleep and increased depression. Medications included Celebrex, Gabapentin, Norco, Senokot, Lyrica, Lidoderm, MS Contin, Prochlorperazine, and Magnesium Citrate. Treatment plan included a recommendation for a home exercise program, Fentanyl patch, and refill of other medications. The initial request for a gym membership for 1 year was initially non-certified on 08/01/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gym Membership For One (1) Year:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Gym memberships

**Decision rationale:** As noted in the Official Disability Guidelines, gym memberships are not recommended 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. Plus, treatment needs to be monitored and administered by medical professionals. With unsupervised programs, there is no information flow back to the provider, so he or she can make changes in the prescription, and there may be risk of further injury to the injured patient. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment, and are therefore not covered under these guidelines. As such, the request for gym membership for one (1) year cannot be recommended as medically necessary at this time.