

<b>Case Number:</b>	CM14-0132159		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	01/11/2007
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	08/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2014

### 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:

This patient sustained an injury on 1/11/07 while employed by [REDACTED]. Request(s) under consideration include Gym membership renewal, 1 year. Diagnoses include lumbar sprain/strain/back disorder/ post laminectomy syndrome/disc displacement without myelopathy; cervical intervertebral disc displacement without myelopathy. Peer review from neurosurgeon noted although AME report of 2/15/14 recommended 12 month gym membership, this deviates from evidenced based guidelines. The patient was reported to also have completed one year of gym membership with current request per report of 7/10/14 from the provider for another year renewal, beyond future medical provision. Brief exam findings only documented "Both lower extremities: muscle strength 5/5" without any other findings. Diagnoses included chronic low back pain with L4 disc protrusion status post lumbar laminectomy and discectomy, left L4-S1 radiculopathy confirmed by electrodiagnostic studies; and right sacroiliac joint strain/sprain. There was also noted non-industrial hypertension, diabetes, colon cancer; history of cervical spondylosis and shoulder rotator cuff injury with findings of lumbar facet syndrome. The request(s) for Gym membership renewal, 1 year was non-certified on 8/14/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gym membership renewal, 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: Low Back-Lumbar & Thoracic (Acute and Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Gym Memberships, page 225.

**Decision rationale:** It can be expected that the patient had been instructed in an independent home exercise program to supplement the formal physical therapy the patient had received and to continue with strengthening post discharge from physical therapy. Although the MTUS Guidelines stress the importance of a home exercise program and recommend daily exercises, there is no evidence to support the medical necessity for access to the equipment available with a gym/pool membership versus resistive thera-bands to perform isometrics and eccentric exercises. It is recommended that the patient continue with the independent home exercise program as prescribed in physical therapy. The accumulated wisdom of the peer-reviewed, evidence-based literature is that musculoskeletal complaints are best managed with the eventual transfer to an independent home exercise program. Most pieces of gym equipment are open chain, i.e., the feet are not on the ground when the exercises are being performed. As such, training is not functional and important concomitant components, such as balance, recruitment of postural muscles, and coordination of muscular action, are missed. Again, this is adequately addressed with a home exercise program. Core stabilization training is best addressed with floor or standing exercises that make functional demands on the body, using body weight. These cannot be reproduced with machine exercise units. There is no peer-reviewed, literature-based evidence that a gym membership or personal trainer is indicated nor is it superior to what can be conducted with a home exercise program. There is, in fact, considerable evidence-based literature that the less dependent an individual is on external services, supplies, appliances, or equipment, the more likely they are to develop an internal locus of control and self-efficacy mechanisms resulting in more appropriate knowledge, attitudes, beliefs, and behaviors. The Gym membership renewal, 1 year is not medically necessary.