

<b>Case Number:</b>	CM14-0185929		
<b>Date Assigned:</b>	11/13/2014	<b>Date of Injury:</b>	06/29/2012
<b>Decision Date:</b>	12/22/2014	<b>UR Denial Date:</b>	10/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2014

### 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 Occupational Medicine 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:

Injured worker is a male with date of injury 6/29/2012. Per primary treating physician's progress report dated 10/20/2014, the injured worker complains of left lower back pain. He had a functional capacity evaluation which he reports did test his limits, but he felt good about his performance. He has some residual pain in the left SI joint area especially with increased physical activity, but he is anxious to return to work. He denies any numbness, tingling or weakness in his lower extremities. Physical examination is unchanged since the last visit. Diagnosis is status post bilateral sacroiliac joint surgery with residual left sacroiliac joint pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 year 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 (ODG), Low Back-Lumbar & Thoracic.

**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 chapter, Gym Membership section.

**Decision rationale:** The MTUS Guidelines do not address gym memberships to provide access for self directed therapy. The ODG does not recommend gym membership 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. Treatment needs to be monitored and administered by medical professionals to monitor outcomes. With unsupervised programs there is no information flow back to the provider, so changes in the prescription can be made, and there may be risk of further injury to the patient. Gym memberships, health clubs, swimming pools, athletic clubs, etc, would not generally be considered medical treatment. The injured worker has returned to work, and is recommended to continue with a home exercise program for continued rehabilitation of his industrial injury. A gym membership is usually not indicated for a successful home exercise program and is not supported by evidence based medicine. Medical necessity of this request has not been established. Therefore the request for 1 year Gym membership is not medically necessary.