

<b>Case Number:</b>	CM14-0024964		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	09/08/2007
<b>Decision Date:</b>	08/01/2014	<b>UR Denial Date:</b>	02/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2014

### 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 Internal Medicine & Emergency Medicine and is licensed to practice in Florida. 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 is a 63 year-old with a date of injury of 09/08/07. A progress report associated with the request for services, dated 02/04/14, identified subjective complaints of right lower extremity pain. Objective findings were not documented other than the use of a wheelchair. Diagnoses included reflex sympathetic dystrophy; pain in the shoulder, hand, and lower leg; and carpal tunnel syndrome. Treatment has included right shoulder, left knee, and right ankle surgery. She has had multiple acupuncture sessions. Medications have included oral and topical analgesics, NSAIDs, and antidepressants. A Utilization Review determination was rendered on 02/18/14 recommending non-certification of 1 year gym membership with pool access.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One year gym membership with pool access:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**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) Pain, Exercise; Low Back, Gym Memberships.

**Decision rationale:** The (MTUS) Guidelines state that low-stress aerobic exercise is recommended with low back pain. The MTUS and the Official Disability Guidelines (ODG) state that exercise is recommended for all forms of pain. However, they note that there is insufficient evidence to recommend any particular exercise regimen over another. Further, they note that gym memberships and advanced home exercise equipment are not recommended as they lack monitoring and administration by a medical professional. Gym memberships and swimming pools are not considered medical treatment and therefore not covered under the Guidelines. Therefore, the request for one year gym membership with pool access is not medically necessary and appropriate.