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| <b>Case Number:</b>   | CM14-0026800 |                              |            |
| <b>Date Assigned:</b> | 04/04/2014   | <b>Date of Injury:</b>       | 11/01/2012 |
| <b>Decision Date:</b> | 07/01/2014   | <b>UR Denial Date:</b>       | 12/26/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/31/2014 |

### 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, has a subspecialty in Interventional Spine 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:

According to report dated 10/28/2013 by [REDACTED], the patient is in week 6 of a Functional Restoration Program. The patient has reached permanent and stationary status and she is referred to a QME for a final disability rating. The treating physician is recommending that the patient be provided with a gym membership in her local community to continue her exercises and functional activity program. The patient's medication includes Etodolac 300 mg, tramadol 50 mg, and Gabapentin 300 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**GYM MEMBERSHIP TIMES 1 YEAR FOR THE LUMBAR SPINE, CERVICAL SPINE, AND KNEES:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** This patient presents with lumbar spine, cervical spine, and bilateral knee complaints. The treater is requesting gym membership for one year at [REDACTED] Gym in [REDACTED], California. Gym memberships are not specifically addressed in ACOEM or the MTUS Guidelines. However, ODG Guidelines states, "It is not recommended as a medical prescription unless a documented home exercise program with periodic assessment or revision has not been effective and there is a need for equipment. Treatment needs to be monitored and administered by medical professionals." While an individual exercise program is recommended, outcomes that are not monitored by healthcare professionals such as gym memberships or advanced home exercise equipment is not recommended and not covered under this guideline. The request is not medicalyl necessary.