

<b>Case Number:</b>	CM14-0030448		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	12/09/2010
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	03/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2014

### 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 Illinois. 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 39-year-old male who reported an injury on 12/09/2010 due to an unknown mechanism. The injured worker had complaints of anxiety, and low back pain that radiated into the left leg. The injured worker also complained quality of sleep was poor. Physical examination on 02/11/2014 revealed paravertebral muscles with tenderness and a tight muscle band on the left side. Tenderness was also noted at the fourth, fifth, sixth, and seventh costochondral joints. The examination of the lumbar spine revealed loss of normal lordosis with straightening of the lumbar spine and posture shifted when standing to the left side. Range of motion was restricted with flexion limited to 45 degrees due to pain, and extension was limited to 20 degrees due to pain. On palpation, paravertebral muscles, spasm, tenderness, and tight muscle band was noted on the left side. Straight leg raising test was positive on both sides in the supine position at 80 degrees. FABER's test was negative. Pelvic compression test was negative. Tenderness was noted over the sacroiliac spine bilateral S1 joint. Tenderness was noted in the trapezius. Examination of the right shoulder revealed restriction with flexion limited to 140 degrees due to pain, and abduction was limited to 145 degrees due to pain. Hawkin's test was positive. Medications for the injured worker were Xanax 0.25 mg, Zoloft 25 mg, Flexeril 5 mg, and Flurbiprofen 20% cream. Diagnoses for the injured worker were spinal enthesopathy, cervical disc degeneration, and encounter for long-term use of other medications. The treatment plan for the injured worker was to refer him to internal medicine to help manage/control diabetes, control hypertension, and weight reduction. The injured worker was to be referred to an orthopedic surgeon for evaluation of the lumbar spine, referral for psychiatric treatment, and request for a gym membership. The request submitted for review was for a gym membership. The rationale was not noted. The request for authorization was submitted for review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**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).

**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) Low Back, Gym Memberships.

**Decision rationale:** MTUS Guidelines state there is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. Progressive walking, simple strength training, and stretching improve functional status. The Official Disability Guidelines state 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. Additionally, treatment needs to be monitored and adjusted 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 patient. Gym memberships, health clubs, swimming pools, athletic clubs, would not generally be considered medical treatment, and are therefore not covered under these Guidelines. Although there were objective findings on physical examination of limited and painful range of motion for the injured worker, it was not noted if the injured worker was doing some type of exercise on his own that has not provided benefit. The request for a gym membership does not state the duration of membership, or how often the injured worker is to attend, or what type of exercises the injured worker is to participate in. Therefore, the request is not medically necessary.