

<b>Case Number:</b>	CM14-0033507		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	06/28/2011
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	03/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2014

### 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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 67 year old female who was injured on 6/28/11, which later resulted in a left foot fracture and later chronic left foot pain and lower back pain. She was treated with home exercises, physical therapy, TENS unit, and oral medications. She was seen by her treating physician on 3/4/14 complaining of her low back pain and mentioned that although her back pain had been bothering her for years, it had in the recent interim improved somewhat and reported the more ability to work sitting or standing, whereas previously she had been not able to tolerate prolonged sitting without flaring up her back pain. She also reported that she had joined a gym membership and found benefit from pool exercises. Physical examination was not very remarkable but revealed less paraspinal tenderness of the lumbar region than previous examinations, and lumbar flexion was moderately restricted. She was recommended she continue going to the gym as long as it is helping, continue her home exercises, and continue work restrictions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gym membership for 6 months:** 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): Gym memberships.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment Guidelines; Exercise pp. 22, 45-47. Additionally, Official Disability Guidelines (ODG) Lower Back, Gym Membership.

**Decision rationale:** The MTUS states that exercise is recommended for chronic pain, although there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other. Such programs should emphasize education, independence, and the importance of an on-going exercise regime. The MTUS also recommends aquatic therapy as an optional exercise strategy in cases where land-based exercise or therapy is not tolerated, as it can minimize the effects of gravity, and may be appropriate for a patient that is extremely obese. The MTUS does not specifically address gym memberships. The ODG discusses when a gym membership is recommended for lower back injuries. It states that the gym membership is only recommended when a home exercise program has not been effective and there is a need for equipment. Plus treatment needs to be monitored and administered by medical professionals, such as a physical therapist for example. Unsupervised exercise programs do not provide any information back to the treating physician, which is required to make adjustments if needed and to prevent further injury. Therefore, the gym membership is not medically necessary.