

<b>Case Number:</b>	CM14-0038060		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	09/24/1999
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	02/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2014

### 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:

The applicant has filed a claim for chronic neck, low back, shoulder, and leg pain reportedly associated with an industrial injury of September 24, 1999. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; an earlier left knee total knee arthroplasty; and a consultation with an orthopedic knee surgeon, who has also recommended a right knee total knee arthroplasty surgery. In a March 27, 2014 progress note, the applicant was described as having persistent complaints of neck, low back, and knee pain. The applicant did have venous stasis dermatitis, it was stated. The attending provider issued a 10-pound lifting limitation. It did not appear that the applicant was working with said limitations in place. Naprosyn and unspecified topical medications were refilled. The attending provider appealed the decision to previously deny a gym membership.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One year gym membership for use of pool facility:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Gym memberships.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 5, page 83, to achieve functional recovery, employees must assume certain responsibilities, one of which is to adhere to and/or maintain exercise regimens. Thus, the gym membership being sought by the attending provider has been deemed, per ACOEM, to be an article of applicant responsibility as opposed to an article of payor responsibility. Therefore, the request is not medically necessary.