

<b>Case Number:</b>	CM14-0038943		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	05/08/1990
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	03/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2014

### 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 and is licensed to practice in Nevada. 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 59-year-old male who was reportedly injured on 5/8/1990. The mechanism of injury is not listed in these records reviewed. There are no recent treatment records provided. The utilization review dated 3/28/2014 indicates that the injured worker has a history of complaints of low back pain. There were no medical records provided for review. Diagnostic imaging studies include an electromyogram/nerve conduction velocity of bilateral lower extremities on 6/3/2014, which revealed normal electromyogram and nerve conduction study of the bilateral lower extremities. Previous treatment includes previous surgery, physical therapy, medications, and conservative treatment. A request was made for gym/pool membership for one year, and was not certified in the pre-authorization process on 3/28/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gym/pool membership for 1 year:** Upheld

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

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

Treatment/Disability Duration Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) (updated 06/10/2014), Gym Memberships.

**Decision rationale:** The Official Disability Guidelines (ODG) specifically recommends against the use of gym memberships. The clinician indicates that the membership has been noted to help with the claimant's pain in the past. However, there is no clear indication that a gym membership constitutes monitored and supervised treatment by a healthcare professional. As such, in accordance with the Official Disability Guidelines (ODG) the request is not considered not medically necessary.