

<b>Case Number:</b>	CM14-0041232		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	01/28/2000
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	03/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2014

### 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, has a subspecialty in Pain 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 injured worker is a 49-year-old male with a date of injury on January 28, 2000. The patient has a diagnosis of lower extremity complex regional pain syndrome, and continues to require a forearm crutch for lower extremity pain. Physical examination demonstrates atrophy of the left side quadriceps muscles, tremor with active extension of the knee, dusky discoloration of the left foot, and swelling. The disputed request is for an independent exercise program including cold based partially unweighted exercise with periodic physical therapy follow-up and guidance every 3 months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gym Independent Pool Access One Year Membership For Leg Outpatient:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

**Decision rationale:** With regard to the request for gym memberships, both the California Medical Treatment and Utilization Schedule and ACOEM do not have specific criteria for gym

memberships. Instead, the Official Disability Guidelines are utilized which describe gym memberships (in both the Knee and Low Back Chapter) with the following recommendation: "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. Plus, treatment needs to be monitored and administered by medical professionals. While an individual exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment, may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision. 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, etc., would not generally be considered medical treatment, and are therefore not covered under these guidelines. For more information on recommended treatments, see Physical therapy (PT) & Exercise." As evidenced by the guidelines above, gym memberships in general are not covered. There is documentation of this patient's performing gym and pool exercises on their own. Although in complex regional pain syndrome I can see the utility of use of the sauna and pool therapy, this is not considered standard of care. Given the guidelines regarding gym memberships, this request is not medically necessary.