

<b>Case Number:</b>	CM14-0041687		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	11/20/2012
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	04/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/08/2014

### 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:

This 61 year old patient had a date of injury on 11/20/2012. The mechanism of injury was not noted. On a progress report dated 3/25/2014, the patient reports bilateral wrist, ankle, neck and low back pain due to industrial injury. Low back pain coincides with the neck pain, persistent, 8/10, sharp with intermittent throbbing ache, worse with prolonged movement, with radiation to the right hip. Objective findings include no gross deformity of lumbar spine on inspection, tenderness to palpation to the paraspinal muscles of the lumbosacral spine. Diagnostic impression shows chronic pain syndrome, low back pain, cervical pain, ankle pain, bilateral carpal tunnel. Treatment to date: medication therapy, behavioral modification. A UR decision on 4/3/2014 denied the request for 6 month gym membership, stating that there was no indication of a home exercise program, or documentation that a home exercise program has been ineffective. Additionally there is no comment the patient requires specific equipment or any specific set of gym exercises.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 month 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), Integrated Treatment/Disability Duration Guidelines Ankle & Foot (Acute & Chronic).

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

**Decision rationale:** CA MTUS does not address this issue. ODG does not recommend gym memberships unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. In addition, treatment needs to be monitored and administered by medical professionals. However, there is no evidence that attempts at home exercise were ineffective. There is no evidence that the patient would require specialized equipment. There is also no indication that treatment will be administered and monitored by medical professionals. In addition, gym memberships, health clubs, swimming pools, athletic clubs, etc., are not generally considered medical treatment. In the reports viewed, the patient is not documented to be on a home exercise program or to have failed conservative treatments. In addition, no specific rationale was provided as to why this patient requires gym membership. Therefore, the request for gym membership x 6 months is not medically necessary.