

<b>Case Number:</b>	CM14-0044700		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	09/18/2012
<b>Decision Date:</b>	08/11/2014	<b>UR Denial Date:</b>	03/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/11/2014

### 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 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 39-year-old male who reported injury on 9/18/12. Diagnoses included displacement of the lumbar disc without myelopathy, degenerative lumbar disc, and lumbago. Previous treatments included an epidural steroid injection, medications, and physical therapy. Within the clinical note dated 2/5/14, the reported injured worker complained of back pain and bilateral buttock pain. He described the pain as aching, burning, dull, sharp, and throbbing. He noted the pain was moderate to severe. Physical examination provided moderate tenderness in the axial lumbar spine. Range of motion of the lumbar spine was flexion at 25 degrees, extension at 25 degrees.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gym use daily for three weeks, total of 21 visits for lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, integrated treatment /disability guidelines, low back - lumbar & thoracic (acute and chronic), gym memberships.

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

**Decision rationale:** The Official Disability Guidelines do not recommend a gym membership as a medical prescription unless a documented home exercise program with a periodic assessment and revision has not been effective and there is need for equipment. Plus, treatment needs to be monitored and administered by a medical professional. While the individual exercise program is of course recommended, moderate, elaborate personal care for outcomes are monitored. The healthcare professionals in such a gym membership or advance home exercise equipment may not be covered under this guideline. Although temporary, transitional exercise programs may be appropriate for the patient who needs more supervision, gym memberships, healthclubs, swimming pools and athletic clubs will not generally be considered medical treatment and therefore are not covered under the guidelines. There is lack of documentation indicating the injured worker had participated in a home exercise program with period assessment and revision, which has been ineffective. The documentation submitted for review does not provide an adequate clinical rationale as to the ineffective home exercise program or the need for specific gym equipment. The provider failed to document adequate assessment of the patient's functional condition. The request is not medically necessary.