

<b>Case Number:</b>	CM14-0051789		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	08/16/2011
<b>Decision Date:</b>	08/12/2014	<b>UR Denial Date:</b>	04/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/18/2014

### 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 and is licensed to practice in Illinois. 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 35-year-old male who reported injury on 08/16/2011. The mechanism of injury was the injured worker stepped into an unnoticeable hole on the turf area spraining his back and causing an inguinal hernia. Other therapies included a functional restoration program. The documentation of 03/07/2014 revealed the injured worker had persistent low back pain and inguinal pain on the right side from previous hernia and hernia repair. It was indicated the injured worker successfully graduated from the functional restoration program with improvements in coping, stamina, and a significant reduction in pain. The physical examination revealed the injured worker had sensation intact to light touch and pinprick bilaterally in the lower extremities. The straight leg raise was negative. There was no spasm or guarding noted. The lumbar spine motor strength was 5/5 with hip flexion, hip extension, knee extension and flexion, and ankle inversion and eversion as well as the extensor hallucis longus. The treatment plan included a gym membership so the injured worker could continue to exercise and improve stamina and strength. Subsequently documentation of 04/17/2014 revealed the physician had written an appeal for the gym membership denial. The physician documented this request was previously denied as there was no documentation of an attempted home exercise program. The physician documented the injured worker was a successful graduate of the functional restoration program and continued to utilize coping techniques and a home exercise program. It was indicated the injured worker was unable to do much in terms of a home exercise program as he was limited at home and had a need for equipment and did not have access to gym equipment at home. The request was made for a 13 weeks health club trial so the injured worker could be able to maintain some level of activity. The diagnoses included lumbar disc displacement without myelopathy and unilateral inguinal hernia.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Gym Membership for 12 months:** Upheld

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

**Decision rationale:** The Official Disability Guidelines indicate that gym memberships are recommended as a medical prescription unless there is a documented home exercise program with periodic assessment and revision has not been effective and there was a need for equipment. Additionally, gym memberships would not generally be considered medical treatment and are not covered under these guidelines. While an individual exercise program is recommended, more elaborate personal care where outcomes are not monitored by health professionals such as gym memberships may not be covered. The clinical documentation submitted for review failed to indicate the injured worker had objective functional deficits to support the necessity for a gym membership. While it was documented the injured worker had a need for equipment, gym memberships are not generally considered medical treatment and would not be covered. Additionally, the request as submitted failed to indicate the body part to be treated with the gym membership. Given the above, the request for gym membership for 12 months is not medically necessary.