

<b>Case Number:</b>	CM14-0055605		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	03/02/2004
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	03/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2014

### 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 41 year-old female who was reportedly injured on March 2, 2004. The mechanism of injury is not listed in the records submitted for review. The most recent progress note dated March 24, 2014 indicates that there are ongoing complaints of low back pain. The physical examination demonstrated an obese individual (273 pounds). Upper extremity deep tendon reflexes were 2+ intact bilaterally. There was muscle spasm in the lower lumbar region, tenderness to palpation and straight leg raising was reported to be aggravating the low back pain. Diagnostic imaging studies are reported to be unremarkable. Previous treatment included right carpal tunnel surgery release (pending), multiple medications, physical therapy and pain management techniques. A request was made for a Gym Membership and was not certified in the pre-authorization process on March 31, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gym Membership for 6 months:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**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.

**Decision rationale:** The parameters noted in the Official Disability Guidelines were employed, and it is specifically recommended against the use of gym memberships. There is no clear indication for gym membership. There will be no health care provider overseeing the activities, and the progress notes did not indicate the necessity for this intervention to address the low back or wrist malady. Therefore, the request for a 6 month Gym Membership is not medically necessary.