

<b>Case Number:</b>	CM14-0055733		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	04/14/1993
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	04/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/25/2014

### 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 Internal Medicine and is licensed to practice in Arizona. 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 is a 63-year-old whose date of injury was April 14, 1993. The details are not available. Her diagnoses include chronic cervical pain, medial epicondylitis, shoulder pain, carpal tunnel syndrome, and depression. Her medications include: Nortriptyline 10mg 1-3x/day and diclofenac cream (not helpful). She has recently completed acupuncture and did not find it helpful. She has benefited from water exercises in the past and has requested coverage for a gym membership x six months. It is unknown if she is in a home exercise program. Other than tenderness at the cervical spine, her physical exams are normal.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**gym membership for six months:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines EXERCISE.

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

**Decision rationale:** According to the ODG, a gym membership is 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. There is no indication, within the medical records, that this is applicable to this patient. 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 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's no information flow back to the provider, so that changes can be made to the prescription, and there could 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. Therefore, the request for a [REDACTED] Gym membership for six months is not medically necessary or appropriate.