

<b>Case Number:</b>	CM14-0075591		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	06/23/2009
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	04/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/23/2014

### 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 Preventive 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:

According to the records made available for review, this is a 40-year-old with a June 23, 2009 date of injury, and status post anterior cervical fusion at C4-C5 November 10, 2011. At the time of the request for authorization for Gym Membership for one year, there is documentation of subjective (difficulty going to pool therapy so she is going to a gym which is helping with her pool therapy treatment, recovering from an attack of vertigo that required hospitalization for five days and is now controlled with medications) and objective (not specified) findings, current diagnoses (status post anterior cervical fusion at C4-C5, herniated disc at C3-C4, depression, and headaches), and treatment to date (pool therapy). There is no documentation that a home exercise program with periodic assessment and revision has not been effective and that treatment is monitored and administered by medical professionals.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A gym membership for one year:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Exercise. Decision based on Non-MTUS Citation Official Disability Guidelines; Low Back (Lumbar & Thoracic), Gym memberships.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Gym Membership.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines identifies that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. The ODG identifies documentation that a home exercise program with periodic assessment and revision has not been effective, there is a need for equipment, and that treatment is monitored and administered by medical professionals, as criteria necessary to support the medical necessity of gym membership. Within the medical information available for review, there is documentation of diagnoses of status post anterior cervical fusion at C4-C5, herniated disc at C3-C4, depression, and headaches. In addition, given documentation that patient has been going to a gym for pool therapy, there is documentation of a need for equipment. However, there is no documentation that a home exercise program with periodic assessment and revision has not been effective and that treatment is monitored and administered by medical professionals. Therefore, based on guidelines and a review of the evidence, the request for a gym membership for one year is not medically necessary or appropriate.