

<b>Case Number:</b>	CM14-0081577		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	11/12/2008
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	05/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2014

### 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 Preventative Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 patient is a 57 year old employee with date of injury of 11/12/2008. Medical records indicate the patient is undergoing treatment for cervical spondylosis with diffuse neural foraminal stenosis, bilateral shoulders sprain/strain; bilateral carpal tunnel syndrome; bilateral knees sprain/strain, left greater than right and right ankle sprain/strain. She has multilevel lumbar degenerative disc disease, spondylolisthesis at L3-L4 and L4-L5 with lumbar radiculopathy. Subjective complaints include constant sharp, pulsating and throbbing neck pain. Her pain radiates to both shoulders, right more than left, mid and upper back area. She complains of numbness and tingling in both lower extremities. She has bilateral knee pain, left more than right and pain in her ankles. Her neck and back pain increase with prolonged sitting, standing, walking, pushing and pulling heavy weight. Her ankle and knee pain increases with prolonged standing and walking on uneven surfaces, climbing up and down stairs, squatting and kneeling. Her pain decreases with medication, rest and no activity. She has difficulty falling asleep, sustaining sleep or waking early. Objective findings include: Cervical spine flexion 40 degrees; extension 45 degrees; lateral flexion bilaterally 35 degrees; rotation 65 degrees bilaterally. The patient has slight tenderness over paravertebral C3-T1 and slight tenderness at bilateral shoulders over trapezial and parascapular areas. There is slight tenderness in upper thoracic spine on palpation. Thoracic spine: lumbar flexion 45 degrees; extension 15%; lateral flexion bilaterally roughly at 18 degrees and rotation on right 16 degrees and left 20 degrees. Patient has tenderness on lower lumbar spine at L4, L5 and S1. Treatment has consisted of Naproxen; Tramadol; Omeprazole, home exercise program and LidoPro. The utilization review determination was rendered on 5/5/2014 recommending non-certification of a Gym Membership x 6 months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gym Membership x 6 months:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) gym membership [http://www.nhlbi.nih.gov/guidelines/obesity/bmi\\_tbl.pdf](http://www.nhlbi.nih.gov/guidelines/obesity/bmi_tbl.pdf).

**Decision rationale:** The MTUS guidelines are silent as to gym memberships so the Official Disability Guidelines were consulted. For pool access the MTUS aquatic therapy and physical medicine sections were consulted. The treating physician did not provide documentation of a home exercise program with supervision. The official disability guidelines state, "gym memberships are 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." The Official Disability Guidelines go on to state, "Furthermore, treatment needs to be monitored and administered by medical professionals". The treating physician has not met the above guidelines. As such, the request for Gym Membership x 6 months is not medically necessary.