

<b>Case Number:</b>	CM14-0084150		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	05/03/2012
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	04/30/2014
<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 Physical Medicine & Rehabilitation 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:

This 60 year-old patient sustained an injury on 5/3/12 while employed by [REDACTED]. Request under consideration include 6 Month Participation in a Gym membership Program. Diagnoses include Lumbar herniated disc and facet joint hypertrophy. The patient is noted to have past medical history of Diabetes and High Blood Pressure. The patient is status post Lumbar L3-4 fusion (10/29/07); wound re-exploration/ debridement and resection of L1-3 spinous processes (12/12/07); fusion of L4-S1 (1/7/09); and hardware removal (9/15/09). MRI of the lumbar spine dated 1/22/14 noted status post fusion of L3-S1 with laminectomy defect; disc bulge and multilevel neural foraminal narrowing. Conservative care has included medications, physical therapy with TENS, and modified activities/rest. Somewhat illegible hand-written report of 4/2/14 from the provider noted the patient with chronic ongoing low back pain symptoms with exam findings of positive left SLR. Treatment plan included gym membership. Letter of appeal dated 5/29/14 from the provider noted the patient was evaluated by AME with report of 7/9/13 noting patient would benefit from further therapy and gym membership. The request for 6 Month Participation in a Gym membership Program was non-certified on 4/30/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 Month Participation in a Gym membership Program:** 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 Chapter Lumbar and Thoracic (acute and chronic), gym memberships.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47.

**Decision rationale:** AME had noted patient with ongoing chronic right hand/wrist pain with frequent numbness/tingling rated at 3-4/10 and low back pain radiating to proximal thigh and groin rated at 2-3/10 with 6/10 during exacerbations. Medications list Metformin, Fenofibrate, Captopril, Norco, and Ibuprofen OTC. Exam of low back showed limited lumbar range; motor strength of 5/5 except for 4+/5 at left Extensor hallucis longus (1st toe); decreased sensation of left L5, S1. Diagnoses included Right arm/wrist/hand crush injury; right CTS, Low back pain (non-radicular). It was noted the patient was not yet permanent and stationary and are likely to improve with further care. AME report had recommendations for EMG/NCV of upper extremities and physical therapy for the next six weeks. There was no mention for gym membership and predicted P&S estimated in six months for this patient with no further surgical indication. It can be expected that the patient had been instructed in an independent home exercise program to supplement the formal physical therapy the patient had received and to continue with strengthening post discharge from PT. Although the MTUS Guidelines stress the importance of a home exercise program and recommend daily exercises, there is no evidence to support the medical necessity for access to the equipment available with a gym/pool membership versus resistive thera-bands to perform isometrics and eccentric exercises. It is recommended that the patient continue with the independent home exercise program as prescribed in physical therapy. The accumulated wisdom of the peer-reviewed, evidence-based literature is that musculoskeletal complaints are best managed with the eventual transfer to an independent home exercise program. Most pieces of gym equipment are open chain, i.e., the feet are not on the ground when the exercises are being performed. As such, training is not functional and important concomitant components, such as balance, recruitment of postural muscles, and coordination of muscular action, are missed. Again, this is adequately addressed with a home exercise program. Core stabilization training is best addressed with floor or standing exercises that make functional demands on the body, using body weight. These cannot be reproduced with machine exercise units. There is no peer-reviewed, literature-based evidence that a gym membership or personal trainer is indicated nor is it superior to what can be conducted with a home exercise program. There is, in fact, considerable evidence-based literature that the less dependent an individual is on external services, supplies, appliances, or equipment, the more likely they are to develop an internal locus of control and self-efficacy mechanisms resulting in more appropriate knowledge, attitudes, beliefs, and behaviors. Therefore, the request for 6 month participation in a gym membership program is not medically necessary and appropriate.