

<b>Case Number:</b>	CM14-0014739		
<b>Date Assigned:</b>	02/06/2014	<b>Date of Injury:</b>	09/10/2012
<b>Decision Date:</b>	03/09/2015	<b>UR Denial Date:</b>	01/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/05/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

### 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 patient is a 62 year old male who had a work injury dated 9/10/12. His diagnoses include left knee pain, right craniectomy and cranioplasty for right subdural hematoma secondary to traumatic brain injury; hypertension; prior right acromioclavicular separation and depressive disorder. Under consideration is a request for gym membership. There is documentation that the patient ambulated up to 200 feet as of July 2013 without assistive device. He had increased knee pain and decreased left knee range of motion on 7/10/13 felt secondary to meniscal tear. The documentation indicates that the patient was treated at a neuro skills residential facility. Per documentation it was felt that the patient lived now in an apartment complex with exercise equipment. Being in the gym allowed the patient to be with other people and sense of accomplishment. There was a request for urgent gym membership.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**GYM MEMBERSHIP:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS.  
Decision based on Non-MTUS Citation Low Back

**Decision rationale:** Gym membership is not medically necessary per the ODG. The MTUS Guidelines do not specifically address gym memberships. The ODG does not recommend gym membership 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. Plus, treatment needs to be monitored and administered by medical professionals. With unsupervised programs there is no information flow back to the provider, so he or she can make changes in the prescription, and there may 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. The documentation submitted does not reveal that periodic assessment and revision of a documented home exercise program has not been effective. The request additionally does not indicate a duration for membership. The request is not medically necessary.