

<b>Case Number:</b>	CM14-0139610		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	12/14/2004
<b>Decision Date:</b>	06/03/2015	<b>UR Denial Date:</b>	08/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2014

### 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: California

Certification(s)/Specialty: Emergency 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 injured worker is a 53 year old male, who sustained an industrial injury on 12/14/04. He received an incomplete cervical spinal cord injury. The injured worker was diagnosed as having T7 spinal cord injury, neurogenic bowel and neurogenic bladder. Treatment to date has included oral medications including narcotics, physical therapy and wheelchair. Currently, the injured worker complains of feeling weak, frequent headaches and frequent urinary tract infections. The injured worker states he benefited from a previous gym membership. Physical exam noted decreased sensation and range of motion of lower extremities. The treatment plan included continuation of oral medications a request for new gym membership.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gym membership 5 day a week for 1 year:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 46-47 of 127.

**Decision rationale:** There is good evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. There is no sufficient evidence to support the recommendation of any particular exercise regimen over another exercise regimen. A therapeutic exercise program should be initiated at the start of any rehabilitation program, unless exercise is contraindicated. Such programs should emphasize education, independence, and the importance of an on-going exercise regime. (State, 2002) (Airaksinen, 2006) The patient's injury was in 2004 and at this point a gym membership would be considered maintenance of fitness rather than a medical treatment program. Therefore, the request is not medically necessary.