

<b>Case Number:</b>	CM14-0193086		
<b>Date Assigned:</b>	11/26/2014	<b>Date of Injury:</b>	11/01/2012
<b>Decision Date:</b>	01/13/2015	<b>UR Denial Date:</b>	10/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2014

### 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 47 year-old patient sustained an injury on 11/1/12 while employed by [REDACTED]. Request(s) under consideration include One year Gym Membership. Diagnoses include lumbar disc displacement/ disc disorder; hip and thigh sprain. Conservative care has included medications, therapy, and modified activities/rest. The patient continues to treat for chronic pain complaints. Report of 10/20/14 from the provider noted the patient with chronic low back pain and his region symptoms. Exam showed unchanged tenderness at paravertebral muscles with spasm at lumbar spine and right hip region; positive nerve root test/ Fabere's; no evidence of instability; guarded and restricted lumbar range; intact coordination and balance with normal neurological sensation and motor strength. The request(s) for One year Gym Membership was non-certified on 10/29/14 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:

**One year Gym Membership:** Upheld

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

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

**Decision rationale:** This 47 year-old injured worker sustained an injury on 11/1/12 while employed by [REDACTED]. Request(s) under consideration include One year Gym Membership. Diagnoses include lumbar disc displacement/ disc disorder; hip and thigh sprain. Conservative care has included medications, therapy, and modified activities/rest. The injured worker continues to treat for chronic pain complaints. Report of 10/20/14 from the provider noted the injured worker with chronic low back pain and his region symptoms. Exam showed unchanged tenderness at paravertebral muscles with spasm at lumbar spine and right hip region; positive nerve root test/ Fabere's; no evidence of instability; guarded and restricted lumbar range; intact coordination and balance with normal neurological sensation and motor strength. The request(s) for One year Gym Membership was non-certified on 10/29/14. It can be expected that the injured worker 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 injured worker 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. The One year Gym Membership is not medically necessary and appropriate.