

<b>Case Number:</b>	CM14-0194797		
<b>Date Assigned:</b>	12/02/2014	<b>Date of Injury:</b>	12/06/2008
<b>Decision Date:</b>	01/16/2015	<b>UR Denial Date:</b>	10/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2014

### 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 and 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:

The patient is a 47 year old male with date of injury 12/06/08. The treating physician report dated 07/30/14 indicates that the patient presents with pain affecting the cervical and lumbar spine. (12) The physical examination findings reveal sensory decrease to pinprick at the distribution of the C5-6 level on the right side, reflexes are +1 in the upper extremities, and positive Spurlings test on the right side. Prior treatment history includes home exercises, medications, counseling, cervical traction unit, and physical therapy. MRI findings reveal C5-6 uncovertebral spurring. EMG showed radiculopathy at C6. The current diagnoses are: 1. Cervical Spondylosis without Myelopathy.2. Cervical Radiculopathy.3. CoMorbidity- Peripheral Vascular Disease.4. Lumbosacral Spondylosis without Myelopathy.The utilization review report dated 10/14/14 denied the request for Outpatient Gym Membership with Unspecified Duration based on medical necessity not being established.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient Gym Membership with unspecified duration:** 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), Web-based Version

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Gym Memberships

**Decision rationale:** The patient presents with pain affecting the cervical and lumbar spine. The current request is for Outpatient Gym Membership with Unspecified Duration. The treating physician states, "The patient has documented home exercise program. Periodic assessment and revision treatment has been ineffective due to lack of proper equipment available. The patient needs specific gym equipment such as weights and a rowing machine." (41) MTUS guidelines do not address gym memberships. The ODG guidelines state, "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." In this case the treating physician has documented that home exercise has not been successful and there is a need for the patient to have special equipment. However, there was no duration of this prescription and an open ended prescription is not valid. Additionally the physician does not indicate that the gym membership will be monitored or administered by medical professionals as required by the ODG guidelines. The request is not medically necessary.