

<b>Case Number:</b>	CM14-0202881		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	03/25/2002
<b>Decision Date:</b>	02/05/2015	<b>UR Denial Date:</b>	11/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2014

### 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 Rehab, has a subspecialty in Interventional spine, 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 42 year old male with an injury date of 11/05/14. Based on 10/23/14 progress report, the patient complains of significant tender palpation with taut muscle bands and muscle spasm. Straight leg raise bilaterally causes pulling pain from the legs into the back and increases tingling/numbness. Based on the 09/23/14 progress report, patient complains of persistent low back pain. With medication pain level is a 4/10 without pain medication, level is at a 9/10. Based on the 09/17/14 progress report the patient complains of chronic strain/sprain of cervicothoracic spine and associated musculamentous structures with bilateral shoulder tendinitis and impingement. There is extremity radicular pain, right greater than left. The patient has internal derangement to both knees with complex tears of the posterior horn of the medial menisci. The patient's diagnoses includes the following: Status post artificial disc replacement L4-L5 and L5-S1. Right greater than left lower extremity radicular pain. Sacrococcygeal pain decreased following caudal epidural steroid injection. Opioid dependence. The utilization review determination being challenged is dated 11/05/14. Treatment reports were provided from 01/03/13-11/25/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lifetime 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, Gym Membership

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) chapter, Gym memberships.

**Decision rationale:** The patient presents with persistent low back pain, chronic strain/sprain of cervicothoracic spine, knee pain, and bilateral shoulder pain. The request is for a lifetime gym membership. The report with the request was not provided. MTUS Guidelines do not address gym memberships. The ODG Guidelines state "not recommended as a medical prescription unless a home exercise program has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals. "In this case, there are no reports providing any discussion regarding the need for special equipment and failure of home exercise, nor was there any discussion provided as to why gym membership is needed. The requested lifetime gym membership is not medically necessary.