

<b>Case Number:</b>	CM15-0007289		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	09/05/2006
<b>Decision Date:</b>	03/13/2015	<b>UR Denial Date:</b>	12/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2015

### 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: New Jersey  
 Certification(s)/Specialty: Family Practice

### 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 (IW) is a 60 year old male, who sustained an industrial injury cumulatively until February 13, 2014. He has reported pain in the bilateral hands and back and was diagnosed with mild to moderate osteoarthritis, chronic lumbar pain disorder and degenerative disease of the lumbar spine. Treatment to date has included radiographic imaging, diagnostic studies, work restrictions, acupuncture and pain medications. Currently, the IW complains of continuing back and bilateral hand pain. The IW reported a cumulative injury secondary to repetitive use of the hands carrying 20 pounds in each hand up to 20 times per day. Multiple evaluations noted continued pain. Work modifications restricted him to carrying 5 pounds in each hand. It was noted he had a bad experience with acupuncture and has not had much relief with western medicine. Radiographic imaging revealed arthritis and some degenerative disc disease. On August 5, 2014, evaluation revealed continued pain. Electrophysiology studies were deferred secondary to anxiety about the test. On October 14, 2014, evaluation revealed pain and numbness in bilateral hands. On December 17, 2014, Utilization Review non-certified a request for a three month membership in a health club with a swimming pool, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On January 6, 2015, the injured worker submitted an application for IMR for review of requested health club with a swimming pool.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Health club membership with pool x 3 months: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Gym Memberships

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 45-47. Decision based on Non-MTUS Citation Lower back section, gym memberships

**Decision rationale:** The MTUS states that exercise is recommended for chronic pain, although there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other. Such programs should emphasize education, independence, and the importance of an on-going exercise regime. The MTUS also recommends aquatic therapy as an optional exercise strategy in cases where land-based exercise or therapy is not tolerated, as it can minimize the effects of gravity, and may be appropriate for a patient that is extremely obese. The MTUS does not specifically address gym memberships. The ODG discusses when a gym membership is recommended for low back injuries. It states that the gym membership is only recommended when 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, such as a physical therapist for example. Unsupervised exercise programs do not provide any information back to the treating physician, which is required to make adjustments if needed and to prevent further injury. In the case of this worker, his provider recommended a gym membership with a pool to help with his chronic pain. However, insufficient evidence from the documentation suggested that this was to be organized properly. There was no specific exercises planned and no one to supervise him. Also, there was no evidence that the worker could not perform land-based exercises or home-based exercises. Therefore, the gym membership will be considered medically unnecessary.