

<b>Case Number:</b>	CM15-0133146		
<b>Date Assigned:</b>	07/21/2015	<b>Date of Injury:</b>	06/29/2012
<b>Decision Date:</b>	08/17/2015	<b>UR Denial Date:</b>	06/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2015

### 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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 42-year-old female, who sustained an industrial injury on 06-29-2012 secondary to lifting a heavy load of laundry at work resulting in lower back, right lower extremity, neck, pain and shoulder pain. On provider visit dated 04-22-2015 the injured worker has reported neck, lower back, shoulder and right knee pain. On examination, tenderness to palpation around the right knee with lateral edema was noted. Tenderness in the quadriceps, anterior tibialis, peroneus longus and other muscles surrounding the right knee with trigger points with twitch response infrapatellar swelling on the right knee was noted as well. Trigger points with palpable bands in bilateral lumbar paraspinal muscles with positive twitch response in lumbar region on deep palpation of the affected muscles were noted. The diagnoses have included cervical -neck pain, low back pain, shoulder pain, knee pain, cervical spondylosis with myelopathy, cervical radiculopathy-radiculitis, lumbar or thoracic radiculitis-radiculopathy, lumbosacral spondylosis without myelopathy, myofascial pain, and interim derangement of knee. Treatment to date has included injections, medications and home exercise program. The injured worker was noted to have been working on modified duty prior to being fired. The provider requested gym membership with pool for 3 months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gym membership with pool for 3 months: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299, 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back, Lumbar and Thoracic (online version).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low back, Gym programs.

**Decision rationale:** This claimant was injured in 2012 lifting laundry. As of April, there is still neck, lower back, shoulder and right knee pain. The diagnoses have included cervical -neck pain, low back pain, shoulder pain, knee pain, cervical spondylosis with myelopathy, cervical radiculopathy-radiculitis, lumbar or thoracic radiculitis-radiculopathy, lumbosacral spondylosis without myelopathy, myofascial pain, and interim derangement of knee. Treatment to date has included injections, medications and home exercise program. The injured worker was noted to have been working on modified duty prior to stopping work. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. The ODG notes regarding Gym Programs: 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. Plus, treatment needs to be monitored and administered by medical professionals. While an individual exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision. With unsupervised programs, there is no information flow back to the provider, so he or she can make changes in the prescription, and there may be risk of further injury to the patient. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment, and are therefore not covered under these guidelines. For more information on recommended treatments, see Physical therapy (PT) & Exercise. Also, it is not clear why a pool is needed from a medical perspective. Therefore, I am not able to endorse this gym program as a reasonable and necessary medically prescribable treatment.