

<b>Case Number:</b>	CM15-0134241		
<b>Date Assigned:</b>	07/22/2015	<b>Date of Injury:</b>	10/04/2004
<b>Decision Date:</b>	08/18/2015	<b>UR Denial Date:</b>	06/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2015

### 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 York, Pennsylvania, Washington  
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 33 year old male, who sustained an industrial injury on 10/4/2004. Diagnoses have included legally blind in both eyes, neck pain, low back pain, migraines and adjustment disorder. Treatment to date has included physical therapy and a home exercise program. According to the progress report dated 4/30/2015, the injured worker was seen for follow up of blindness, headache and neck pain. He complained of pain in his neck in the bilateral trapezius areas. He reported that pain was worse with being sedentary and better with gym exercises using the equipment. He stated he was going to the gym with improvement of function. He stated his vision was becoming worse. He complained of intermittent headaches and photosensitivity. Objective findings revealed the injured worker was able to see only very large hand movements in the left eye and was unable to see any objects or shadows in the right eye. Authorization was requested for a gym membership.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gym membership x 1 year:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back-Lumbar & Thoracic (Acute & Chronic).

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

**Decision rationale:** Per the guidelines, there is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. A therapeutic exercise program should be initiated at the start of any treatment or rehabilitation program, unless exercise is contraindicated. Such programs should emphasize education, independence, and the importance of an on-going exercise regime. This injured worker has received physical therapy and a self-directed home exercise program should already be in place. The records do not support the medical necessity for a gym membership.