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| <b>Case Number:</b>   | CM15-0141650 |                              |            |
| <b>Date Assigned:</b> | 07/31/2015   | <b>Date of Injury:</b>       | 03/28/2012 |
| <b>Decision Date:</b> | 08/31/2015   | <b>UR Denial Date:</b>       | 06/18/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/21/2015 |

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 61 year old female, who sustained an industrial injury on March 28, 2012, incurring left knee and low back injuries. Magnetic Resonance Imaging of the lumbar spine revealed thoracic and lumbar disc bulging impressing on the thecal sac, bilateral facet arthrosis and bilateral foraminal narrowing. Magnetic Resonance Imaging of the right knee showed a medial meniscus tear, Baker cyst and mild effusion. She was diagnosed with meniscus tear of the right knee and lumbosacral sprain with disc bulging. Treatment included anti-inflammatory drugs, pain medications, antidepressants, surgical total knee arthroplasty, and activity restrictions. Currently, the injured worker complained of persistent pain to both knees with decreased range of motion and tenderness to palpation. The treatment plan that was requested for authorization included a gym membership with a swimming pool.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gym Membership with swimming pool:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page(s): 46-47 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines  
(ODG) Low Back Chapter, Gym Memberships.

**Decision rationale:** Regarding request for gym membership, Chronic Pain Medical Treatment Guidelines state that exercise is recommended. They go on to state that there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. ODG states the gym memberships are 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. 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 a risk of further injury to the patient. Within the documentation available for review, there is no indication that the patient has failed a home exercise program with periodic assessment and revision. Additionally, there is no indication that the patient has been trained on the use of gym equipment, or that the physician is overseeing the gym exercise program. In the absence of such documentation, the currently requested gym membership is not medically necessary.