

<b>Case Number:</b>	CM15-0146838		
<b>Date Assigned:</b>	08/07/2015	<b>Date of Injury:</b>	04/26/2012
<b>Decision Date:</b>	09/04/2015	<b>UR Denial Date:</b>	07/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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 51 year old male who sustained an industrial injury on 4-26-12. The initial symptoms and nature of his injury are unavailable for review. The injured worker has diagnoses of Lumbar Facet Syndrome, Lumbago, and Thoracic or Lumbosacral Neuritis or Radiculitis Not Otherwise Specified. He has undergone lumbar radiofrequency on 2-13-15 and a right knee surgery quadriceps tendon repair in March 2015. Conservative treatment involving medications, massage therapy, physical therapy, a home exercise program, and use of a right knee immobilizer have been attempted in the past. On June 29, 2015, the injured worker presented to the pain management provider for follow-up. He reported pain "along the neck and lower back" and indicated that he continues with his home exercise program. He continues to take his medications per the treatment plan and reports effectiveness in helping to reduce his pain level. He indicates that he has improved function with reduction in his pain. He also reports that he is "less irritable than without his medication". He reports his pain level as a "3 out of 10" with use of his medications and "4 out of 10" without their use. His current medications include ibuprofen and cyclobenzaprine. Naproxen was discontinued on this visit. He reports that he "can't stop taking the flexeril because he can't sleep". He was given a prescription for melatonin. He also reports that he had "recently reached under the sofa and developed severe pain in the neck on the left side and pain and weakness in the hands". He continues to wear a brace on his right knee. The injured worker was advised to continue a healthy diet, continue his home exercise program, and to take his medications as prescribed. He was also instructed to not lift weight greater than 40 pounds and to avoid heavy pushing and pulling.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Gym membership 6 months:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Exercise programs Page(s): 46, 47.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Gym membership.

**Decision rationale:** Pursuant to the Official Disability Guidelines, gym membership 6 months is not medically necessary. Gym memberships are not recommended as a medical prescription unless a documented home exercise program periodic assessment, revision has not been effective, and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals area 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. In this case, the injured worker's working diagnoses are lumbar facet syndrome; lumbago; and thoracic or lumbosacral neuritis or radiculitis NOS. the date of injury is April 26, 2012. The request authorization is July 16, 2015. Orthopedic documentation indicates worker sustained a non-traumatic quadriceps tendon rupture with repair and revision. There is no progress note documentation from the requesting orthopedic provider with an indication and rationale for a gym membership. According to a June 29, 2015 pain management progress note, the injured worker has ongoing low back pain and neck pain. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment and are therefore not covered under these guidelines. Based on the clinical information in the medical records, peer-reviewed evidence-based guidelines, absent clinical documentation from the requesting provider with a clinical indication and rationale for a gym membership, and guidelines non-recommendations, gym membership 6 months is not medically necessary.