

<b>Case Number:</b>	CM15-0182590		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	12/22/2001
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	09/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2015

### 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

### 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 52 year old male with an industrial injury dated 12-22-2001. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar radiculopathy, closed fracture of head of radius with traumatic arthritis, low back pain, and adjustment disorder with depressed mood, lateral epicondylitis, and myofascial pain syndrome. Medical records (07-31-2015) indicate that the injured worker reported continued severe lumbar pain with right radiculopathy. The right foot numbness has subsided and the injured worker is able to perform activities of daily living with pain. The injured worker reported difficulty opening his right fingers in the morning and right forearm pain. The injured worker was unable to fill Norco and was not taking any medication and reports poor function without the medication. Pain level was 8 out of 10 on a visual analog scale (VAS) for lumbar and cervical. The injured worker reported difficulty walking greater than a half of mile without rest. Physical exam (07-31-2015 to 8-31-2015) revealed tenderness to palpitation of the lumbar paravertebral muscles on the right side, positive slump test on the right, hyperesthesia present over the lower limb on the right side. According to the progress note dated 08-27-2015, the injured worker reported right sided neck pain, low back pain, left elbow pain, depression and anxiety. Objective findings (08-27-2015) revealed minor flexion contracture of the left elbow, 120 degree flexion with radiocapitellar crepitation and discomfort, olecranon discomfort, mild tenderness along the radial head, and tender lateral epicondyle. Physical exam (8-27-2015) also revealed diffuse tenderness of the lumbar spine and mild tenderness at the vertebral prominence of the cervical spine. In a progress report dated 08-31-2015, the injured worker reported right arm pain and low

back pain. Pain level was 7 out of 10 on a visual analog scale (VAS) with medication. The injured worker also reported that he goes to the gym daily and performs cycling and limited weight lifting. Treatment to date has included diagnostic studies, prescribed medications, 3 months of aquatic therapy, home exercise program and periodic follow up visits. Documentation (8-27-2015) noted that the injured worker is a surgical candidate elbow and back surgery, however the injured worker would like to exhaust conservative care first. The injured worker's work status is permanent and stationary with maximum medical improvement. Request for authorization dated 08-31-2015, included requests for 12 month gym membership. The utilization review dated 09-10-2015, non-certified the request for 12 month gym membership.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**12 month gym membership:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, under Gym Memberships.

**Decision rationale:** The current request is for 12 month gym membership. Treatment to date has included diagnostic studies, prescribed medications, 3 months of aquatic therapy, home exercise program and periodic follow up visits. The patient's work status is permanent and stationary with maximum medical improvement. Official Disability Guidelines, Low Back Chapter, under Gym Memberships states: 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. According to the progress report 08-27-2015, the patient presents with right sided neck pain, low back pain, left elbow pain, depression and anxiety. Objective findings revealed minor flexion contracture of the left elbow, 120 degree flexion with radiocapitellar crepitation and discomfort, mild tenderness along the radial head, and tender lateral epicondyle. The patient reported that he goes to the gym daily and performs cycling and limited weight lifting. The treater's treatment plan included a 12 month gym membership. While the provider feels as though this is an appropriate treatment plan, guidelines do not support gym memberships as a medical treatment as there is no professional medical oversight to establish goals and monitor progression. Additionally, there is no documentation as to the failure of home-based/self-directed exercise programs. Therefore, the request is not medically necessary.

