

<b>Case Number:</b>	CM15-0182670		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	06/03/2009
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	08/18/2015
<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, 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 63 year old female, who sustained an industrial injury on 06-03-2009. She has reported subsequent neck, bilateral knees and feet and was diagnosed with cervical sprain, internal derangement of both knees, bilateral ankle and foot strain and bilateral foot plantar fasciitis. Treatment to date has included pain medication, physical therapy and a home exercise program, which were noted to provide some relief of pain. In a 03-11-2015 progress note, the injured worker reported continued bilateral knee pain left greater than right and that medications helped to alleviate pain and allow her to function. Objective findings showed limited and painful range of motion of the cervical spine, lumbar spine and knees with tenderness to palpation in these areas and mild swelling in the lower extremities. The physician noted that the qualified medical examiner had recommended a one-year gym membership but that it had been denied. The physician indicated that he would continue to request the one-year gym membership. The physician noted that the injured worker was encouraged to continue her home exercise program in an attempt to lose weight, strengthen, and stretch the bilateral knee and low back. In a progress note dated 07-21-2015, the injured worker reported constant bilateral knee pain with aggravation of pain with walking and climbing stairs. Objective examination findings revealed 2+ tenderness of the right knee. A request for authorization of gym membership 1 year was submitted. As per the 08-18-2015 utilization review, the request for gym membership 1 year was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gym membership 1 year:** Upheld

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

**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 memberships.

**Decision rationale:** Pursuant to the Official Disability Guidelines, gym membership is not medically necessary. Gym memberships 1 year 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 right knee internal derangement; left knee strain; right ankle/foot strain; and left ankle/foot strain. Subjectively, the injured worker denies new numbness, tingling, allergies, no new return to work. The injured worker complains of ongoing right and left knee and leg pain and right and left ankle and foot pain. Walking and climbing aggravates pain. On physical examination there is 2+ tenderness in the right knee and right anterior. Intact, right lateral ankle intact and right lateral calf intact. The treatment plan includes a gym membership. 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 record, peer-reviewed evidence-based guidelines and guidelines non-recommendations for a gym membership, gym membership 1 year is not medically necessary.