

<b>Case Number:</b>	CM15-0188843		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	07/14/2011
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	09/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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: Massachusetts

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 58 year old female, who sustained an industrial injury on July 14, 2011. Notes stated that in mid-July of 2011, she reported neck pain and right arm pain. The injured worker was currently diagnosed as having lumbosacral spondylosis and degeneration of lumbar lumbosacral disc. Treatment to date has included diagnostic studies, lumbar facet block, surgery, functional restoration program and medications. On August 28, 2015, notes stated that the injured worker complained of neck pain and low back pain. She recently graduated from a functional restoration program. She stated that her chronic pain syndrome, ability to cope and strengthening had improved. An aftercare program was noted to be authorized. She reported being able to decrease her intake to 45 tablets of Norco in the program as is willing to maintain this dosage. Physical examination of the cervical spine revealed spasm and guarding. There was increased pain with extension and rotation of the lumbar spine. The treatment plan included medication refills and a follow-up visit. On September 9, 2015, utilization review denied a request for a twelve 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 (ODG), Low back chapter, Gym membership.

**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-Lumbar & Thoracic (Acute & Chronic), Gym memberships.

**Decision rationale:** The claimant sustained a work injury in July 2011 and is being treated for injuries sustained while driving a cement truck when the vehicle hit a bump. She completed participating in a 6 week functional restoration program on 08/07/15. She was exercising independently. Discharge recommendations were for either a gym membership or treadmill. When seen, an aftercare program had been authorized. She had spasms and guarding in the lumbar spine and increased pain with lumbar extension and rotation. A 12 month gym membership is being requested. A gym membership is 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. If a membership is indicated, continued use can be considered if can be documented that the patient is using the facility at least 3 times per week and following a prescribed exercise program. In this case, there is no documentation of a prescribed exercise program that would require a gym membership. A walking program would not require gym access or a treadmill. The requested gym membership is not medically necessary.