

<b>Case Number:</b>	CM15-0200386		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	11/01/2005
<b>Decision Date:</b>	11/30/2015	<b>UR Denial Date:</b>	10/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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:

This is a 57-year-old female with a date of industrial injury 11-1-2005. The medical records indicated the injured worker (IW) was treated for cervical stenosis C5-6 and cervical radiculopathy. In the progress notes (9-16-15), the IW reported increased neck pain, rated 7 out of 10, and increased weakness and occasional numbness and tingling down the left arm to the fingers. Medications included Ibuprofen, Tylenol #3 and Lunesta. On 6-24-15, her neck pain was less severe, rated 6 out of 10. On examination (9-16-15 notes), cervical range of motion measurements were documented as decreased from normal. There was tenderness and spasms in the bilateral paraspinals. Sensation was decreased in the C5 through C7 dermatomes and there was weakness in the left upper extremity 4 to 4+ out of 5. Bilateral upper and lower extremity reflexes were reported as hyper-reflexic. Treatments included chiropractic care (minimal relief), acupuncture (6 sessions, very helpful), cervical epidural steroid injections (good short-term relief), physical therapy (24 sessions, increased pain); she failed Advil, Tylenol and Aleve. The IW was permanent and stationary and not working. A Request for Authorization dated 9-16-15 was received for a six-month gym membership to allow the IW to independently continue her home exercise program. The Utilization Review on 10-3-15 non-certified the request for a six-month gym membership.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gym membership for 6 months: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Exercise. Decision based on Non-MTUS Citation Official Disability Guidelines, Lumbar Spine, Gym memberships.

**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:** Based on the 9/16/15 progress report provided by the treating physician, this patient presents with increased neck pain with increasing weakness down left lower extremity to fingertips. The treater has asked for gym membership for 6 months on 9/16/15. The patient's diagnosis per request for authorization dated 9/16/15 is cervical stenosis C5-6. The patient is s/p 6 sessions of acupuncture with significant relief per 9/16/15 report. The patient has not had any chiropractic treatment or any surgeries of the neck since the industrial injury per 6/24/15 report. The patient is s/p 24 sessions of physical therapy which increased her pain per 6/24/15 report. The patient is currently taking Lunesta, Ibuprofen, Tylenol which allow her to increase her sleep by about 1-2 hours a night per 9/16/15 report. The patient is permanent and stationary as of 9/16/15 report. ODG-TWC, 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." The patient has a recent diagnosis of fibromyalgia, with ongoing neck pain and increasing left upper extremity weakness per review of reports. In this case, the treater is requesting a 6 month gym membership for this patient to allow her to independently continue with her home exercise program per 7/16/15 report. While the treater may consider the request as an appropriate treatment plan, ODG guidelines do not support gym memberships as a medical treatment as there is no professional medical oversight to establish goals and monitor progression. Therefore, the request is not medically necessary.