

<b>Case Number:</b>	CM15-0201369		
<b>Date Assigned:</b>	10/16/2015	<b>Date of Injury:</b>	07/15/2009
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	09/30/2015
<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, Hawaii  
 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 59 year old female, who sustained an industrial injury on 7-15-09. The documentation on 9-15-15 noted that the injured worker has complaints of low back, neck and right shoulder pain. The documentation noted that the injured workers pain level is 8 out of 10 before medications and 3 out of 10 after medications. With medications the injured worker is able to exercise, carry out activities of daily living such as cooking, cleaning, laundry, shopping and driving. Lumbar spine magnetic resonance imaging (MRI) on 2-23-12 showed disk desiccation at L3-L4, L4-L5 and L5-S1 (sacroiliac); there is an annular tear at L4-L5 and L5-S1 (sacroiliac) and posterior bulging disk is noted at these levels, but did not see evidence of disk herniation or stenosis. The diagnoses have included lumbago. Treatment to date has included tramadol; sombra cream; motrin and H-wave unit. The documentation noted that the injured worker used elliptical at home before and it was very helpful and increased her strength and mobility after the injury, however he machine is broken and she is no longer able to use this. The original utilization review (9-30-15) non-certified the request for gym membership- 6 months (lumbar spine, cervical spine, and right shoulder).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gym membership- 6 months (lumbar spine, cervical spine, and right shoulder): 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 ODG Online, Low Back Chapter, Gym Memberships.

**Decision rationale:** The patient presents with diagnoses that include neck and low back pain. The patient recently complained of low back, neck and right shoulder pain. The current request is for Gym membership - 6 months (lumbar spine, cervical spine and right shoulder). The treating physician states in the treating report dated 9/15/15 (15B), "Please authorize for gym membership for 6 months for water exercise at pool and exercise equipment to use to strengthen her low back, neck and right shoulder." "The use of equipment at the gym and pool will motivate her to exercise more." The clinical history also notes, "The patient used an elliptical at home before and it was very helpful and increased her strength and mobility after her injury. However, this machine is now broken and she is no longer able to use this." MTUS guidelines do not address gym memberships. The ODG guidelines states the following for gym memberships: "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." In this case, the request for an unsupervised gym membership does not meet ODG guidelines due to a lack of medical supervision and a lack of information flow back to the provider. The current request is not medically necessary.