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| <b>Case Number:</b>   | CM15-0204009 |                              |            |
| <b>Date Assigned:</b> | 10/20/2015   | <b>Date of Injury:</b>       | 10/11/2013 |
| <b>Decision Date:</b> | 12/03/2015   | <b>UR Denial Date:</b>       | 09/18/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/16/2015 |

### 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: Montana

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This is 48 year old male with a date of injury on 10-11-13. A review of the medical record indicates that the injured worker is undergoing treatment for left leg, left wrist, right leg, right ankle, buttock, back, left knee, headaches and psychological complaints. Progress report dated 9-10-15 reports continued relief from injection but he has complaints of increased back pain when trying to do exercises at the gym or when attempting to jog or walk fast. The pain is rated 2-3 out of 10, down from 7-8 out of 10. He has reduced Norco to 2 daily. He states he is able to better complete home exercises and continue rehabilitation status post recent wrist and knee surgery. He report increased upper extremity strength to lifting 10 pounds without flare up. He would like to continue aqua therapy exercises learned during therapy and would need pool access. Objective findings: pain with palpation of left knee and spasm and guarding is noted of the lumbar spine. Treatments include: medication, physical therapy, aqua-therapy, psychotherapy, lumbar epidural steroid injection, wrist surgery, knee surgery. Request for authorization was made for Gym Program at [REDACTED] with Pool Access for Three Months Membership Quantity 3. Utilization review dated 9-18-15 non-certified the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gym Program at [REDACTED] with Pool Access for Three Months' Membership Quantity # 3 is:  
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) Knee and leg, Gym memberships and Low back, Gym memberships.

**Decision rationale:** The MTUS does not specifically address gym membership as a treatment option. The ODG guidelines for knee and leg state that gym memberships are not recommended as a medical prescription unless a home exercise program 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 some additional supervised therapy might be appropriate however, 3 months of unsupervised exercises as part of a gym membership is not generally considered to be medical treatment. Therefore, the request for Gym Program at [REDACTED] with Pool Access for Three Months' Membership Quantity # 3 is not medically necessary. Health clubs would also be not recommended.