

<b>Case Number:</b>	CM15-0206720		
<b>Date Assigned:</b>	10/23/2015	<b>Date of Injury:</b>	02/27/2007
<b>Decision Date:</b>	12/10/2015	<b>UR Denial Date:</b>	09/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2015

### 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: Emergency 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 61 year old female, who sustained an industrial injury on 02-27-2007. The injured worker is currently not working. Medical records indicated that the injured worker is undergoing treatment for lumbosacral strain with spondylolisthesis at L4 on L5, status post prior lumbar spine surgery, bilateral knee degenerative arthrosis, sleep disturbance, and obesity. Treatment and diagnostics to date has included injections and medications. Recent medications have included Voltaren gel, Norco, Ambien, Ibuprofen, and Tylenol #3. Subjective data (09-15-2015 and 09-21-2015), included low back and bilateral knee symptoms. Objective findings (09-21-2015) included an antalgic gait, flexion contracture with the left knee, and a "small to moderate" effusion. The treating physician noted that the membership has helped the injured worker lose weight and be "more functional". The request for authorization dated 09-21-2015 requested renewal of gym-pool membership, 1 year. The Utilization Review with a decision date of 09-30-2015 non-certified the request for 1 renewal of gym-pool membership for 1 year.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) renewal of gym/pool membership for 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), Low Back - Lumbar & Thoracic (Acute & Chronic): 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-Lumbar and Thoracic, Gym memberships.

**Decision rationale:** As per Official Disability Guidelines, Gym memberships are generally not recommended. They are not supervised, is not being assessed by medical professionals and therefore are not considered medical treatment with no appropriate documentation or information returning to provider. It may be recommended only if it is medically supervised and there is a need for special exercise equipment. While continued exercise is recommended, documentation does not support request for gym membership. Patient should continue exercise and weight loss program but Gym membership is not medically necessary.