

<b>Case Number:</b>	CM15-0209075		
<b>Date Assigned:</b>	10/28/2015	<b>Date of Injury:</b>	07/02/2010
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	09/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 a 57-year-old female with a date of industrial injury 7-2-2010. The medical records indicated the injured worker (IW) was treated for internal derangement, left and right knee; morbid obesity; status post cervical decompression; status post left ulnar nerve decompression at the elbow; status post anterior lumbar interbody fusion; and psychological diagnosis. In the progress notes (7-29-15), the IW reported low back pain, neck pain and stiffness and bilateral knee pain. Height was 5'10" and weight was 295 pounds. On examination (7-29-15 notes), lumbar forward flexion was 30 degrees, extension was to neutral and lateral bending was to 5 degrees bilaterally. Straight leg raise was negative bilaterally and there was decreased strength in the left foot with dorsiflexion against resistance. Cervical forward flexion was within two fingerbreadths of the chest, extension to 10 degrees and lateral rotation was to 50 degrees bilaterally. Upper extremity strength was globally intact. Sensation was decreased to pinprick over the volar aspect of all five digits of the left hand. Treatments included anti-inflammatory medications, aquatic therapy, acupuncture, narcotic pain medication, TENS, psychological therapy and hypnosis, spinal nerve blocks, epidural steroid injections, lumbar radiofrequency nerve ablations and spinal surgeries. Current medications were Percocet, Restoril, Robaxin, Neurontin, Cymbalta and Celebrex. The IW was "permanent and stationary". Continued aquatic therapy was recommended. The records reviewed did not note the outcome of previous aquatic therapy and a rationale was not offered to support the need for the requested service. A Request for Authorization was received for a 1-year gym membership with pool access. The Utilization Review on 9-17-15 modified the request for a 1-year gym membership with pool access.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **1 Year Gym membership with pool access: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 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- gym memberships.

**Decision rationale:** 1 Year Gym membership with pool access is not medically necessary per the ODG Guidelines. The MTUS does not specifically address gym memberships. The ODG does not recommend gym membership 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. In addition, treatment needs to be monitored and administered by medical professionals. 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 documentation submitted does not reveal that periodic assessment and revision of a documented home exercise program has not been effective. The request for a 1-year gym membership with pool access is not medically necessary.