

<b>Case Number:</b>	CM15-0032250		
<b>Date Assigned:</b>	02/25/2015	<b>Date of Injury:</b>	11/09/2011
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	01/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2015

### 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: Florida

Certification(s)/Specialty: Family Practice

### 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 69 year old female, who sustained an industrial injury on 11/9/2011. She reports a lower back injury. The mechanism of injury was not provided for review. Diagnoses include status post thoracolumbar fusion with scoliotic deformity and lumbar decompression laminectomy, lumbar radiculopathy, healed lumbar compression fracture and bilateral lower extremity radiculopathy. Treatments to date include surgery, physical therapy, back brace and medication management. A progress note from the treating provider dated 1/16/2015 indicates the injured worker reported lumbosacral pain and stiffness. On 1/27/2015, Utilization Review non-certified the request for gym membership, citing Official Disability Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gym Membership with Pool:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines; Low Back, Gym Memberships.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Academy of Family Physicians. Which Weight-Loss Programs Are Most Effective Am Fam Physician. 2012 Aug 1;86(3):280-282.

**Decision rationale:** The California MTUS guidelines, ODG, and ACOEM are all silent on the issue of gym memberships. There are no substantial studies available that compare physical results achieved in the gym setting versus the home setting that are well recognized by the leading medical authorities in primary care. This patient can continue his exercise efforts in the home setting just as well as in the gym setting. This request for a year's gym membership is considered not medical necessary.