

<b>Case Number:</b>	CM15-0047087		
<b>Date Assigned:</b>	03/19/2015	<b>Date of Injury:</b>	08/13/2013
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	02/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2015

### 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, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

### 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 51 year old male, who sustained an industrial injury on August 13, 2013. He has reported bilateral knee pain and back pain. Diagnoses have included back sprain, neck sprain, and chronic bilateral knee degenerative disc disease/internal derangement. Treatment to date has included medications and imaging studies. A progress note dated February 19, 2015 indicates a chief complaint of bilateral knee pain, lower back pain radiating to the right leg, and thoracic spine pain. The treating physician documented a plan of care that included medications and a gym program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gym Program 2 -3 x per week (duration unspecified):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. 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) Gym Memberships.

**Decision rationale:** The MTUS guidelines are silent as to gym memberships so the Official Disability Guidelines were consulted. ODG states: gym memberships are 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. The official disability guidelines go on to state: Furthermore, treatment needs to be monitored and administered by medical professionals. The medical records fail to detail the actual equipment needed by this patient. Additionally, treatment notes do not detail what revisions to the physical therapy home plan has been attempted and/or failed that would necessitate the use of gym membership. As such, the request for Gym Program 2-3x per week (duration unspecified) is not medically necessary.