

<b>Case Number:</b>	CM15-0055188		
<b>Date Assigned:</b>	03/30/2015	<b>Date of Injury:</b>	10/30/2007
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/23/2015

### 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: California, Indiana, New York  
Certification(s)/Specialty: Internal 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 68 year old female, who sustained an industrial injury on 10/30/2007. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having cervical and lumbar spondylosis with facet arthropathy and cervical and lumbar degenerative disc disease. Treatment to date has included medication regimen, exercise, and aqua therapy. In a progress note dated 01/07/2015 the treating physician reports complaints of burning pain to the posterior neck and the left shoulder. The treating physician requested a one year gym membership noting that the injured worker has benefited from aqua therapy that has been performed at an athletic facility.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gym membership:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Gym Membership.

**Decision rationale:** Pursuant to the Official Disability Guidelines one-year participation in a gym membership is not medically necessary. Gym memberships are not recommended as a medical prescription unless a documented home exercise program periodic assessment and revision has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals area 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, the injured worker's working diagnoses are cervical and lumbar spondylosis with facet arthropathy; and cervical and lumbar degenerative disc disease. The medical record contains 48 pages. In a progress note dated January 7, 2015, the documentation states the patient received six months of aqua therapy. The treating physician would like to request another six months of aqua therapy. The documentation indicates the injured worker has continued the VAS pain scale 5/10 in the back and 5/10 at the legs. The VAS pain scale is 5/10 at the neck and 5/10 at the arms. There is no documentation containing objective functional improvement. Gym memberships, swimming pools and athletic clubs would not generally be considered medical treatment and are therefore not covered under the Official Disability Guidelines. The injured worker should be well-versed in home exercises after receiving at a minimum, 20 physical therapy sessions. Consequently, absent clinical documentation with objective functional improvement with guideline non-recommendations for gym memberships, one-year participation in the gym membership is not medically necessary.