

<b>Case Number:</b>	CM15-0058842		
<b>Date Assigned:</b>	04/03/2015	<b>Date of Injury:</b>	01/04/2001
<b>Decision Date:</b>	05/04/2015	<b>UR Denial Date:</b>	03/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2015

### 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: Arizona, California  
 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 57-year-old male, who sustained an industrial injury on 01/04/2001. He has reported injury to the low back and left knee. The diagnoses have included post-lumbar laminectomy syndrome; lumbar facet syndrome; lumbar radiculopathy; and knee pain. Treatment to date has included medications, diagnostic studies, TENS (transcutaneous electrical nerve stimulation) unit, physical therapy, aquatic therapy, home exercise program, and surgical interventions. A progress note from the treating physician, dated 02/26/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of low back pain and left knee pain; activity level has decreased; and pain level is rated at 7/10 on the visual analog scale with medications, and 10/10 without medications. Objective findings included positive lumbar facet loading on both sides; positive straight leg raising on the left; limited lumbar range of motion due to pain; left knee tenderness to palpation; and 1+ effusion in the left knee joint. The treatment plan has included the request for 1-year gym membership, as it he has had past benefit with this.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 YEAR GYM MEMBERSHIP:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG and pain chapter- pg 53.

**Decision rationale:** According to the ODG guidelines, at home exercises are recommended. In the event that the patient is either incapable of performing home exercise, or otherwise unable to comply with this option, then a supervised program with a therapist is recommended. There is no recommendation for gym membership under the ACOEM guidelines. There is no evidence to support a gym membership alone would benefit pain management. Furthermore, the ODG guidelines indicate that gym memberships are not recommended as a medical prescription unless there is documented need for equipment due to failure from home therapy. With unsupervised programs, there is no feedback to the treating physician in regards to treatment response. In this case, the claimant is performing home exercises and had little benefit from physical therapy. Consequently, a gym membership for 1 year is not medically necessary.