

<b>Case Number:</b>	CM15-0085300		
<b>Date Assigned:</b>	05/07/2015	<b>Date of Injury:</b>	10/14/2005
<b>Decision Date:</b>	06/12/2015	<b>UR Denial Date:</b>	04/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/04/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 49-year-old [REDACTED] beneficiary who has filed a claim for chronic low back, shoulder, and ankle pain reportedly associated with an industrial motor vehicle accident (MVA) of October 14, 2005. In a Utilization Review report dated April 15, 2015, the claims administrator failed to approve a request for a gym membership. Non-MTUS ODG Guidelines were exclusively invoked in the determination, along with a progress note dated March 12, 2015. The request was denied, in part, on causation grounds, with the treating provider noting that a gym membership was not indicated for the purposes of facilitating weight loss, stating that weight loss was not accepted as compensable diagnosis. The applicant's attorney subsequently appealed. In an April 15, 2015 neurology consultation, the applicant reported ongoing complaints of low back pain, neck pain, anxiety, depression, and headaches. The applicant was apparently contemplating spine surgery, it was noted. Pamelor and Restoril were endorsed. The applicant was not working, it was acknowledged. In a RFA form dated March 12, 2015, Norco, naproxen, a gym membership, and a single-point cane were endorsed. In an associated handwritten progress note of the same date, March 12, 2015, the applicant was asked to continue home exercises as tolerable. The note was very difficult to follow and not altogether legible. The applicant was apparently asked to continue Pamelor, Norco, and Restoril. The applicant was not working owing to ongoing complaints of low back pain, it was reported. It was not clearly stated whether the applicant was using a cane on a continued basis or on an as-needed basis.

### 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 base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index , 11th Edition (web), 2014, Low Back , Gym Membership.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83, Chronic Pain Treatment Guidelines Exercise; Physical Medicine Page(s): 46-47; 98. Decision based on Non-MTUS Citation ODG Integrated Treatment/Disability Duration Guidelines Low Back Problems Gym memberships.

**Decision rationale:** No, the proposed gym membership was not medically necessary, medically appropriate, or indicated here. As noted on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants are expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The MTUS Guideline in ACOEM Chapter 5, page 83 also notes that, to achieve functional recovery, applicants are expected to assume certain responsibilities, one of which includes adhering to and maintaining exercise regimens. Thus, both page 98 of the MTUS Chronic Pain Medical Treatment Guidelines and page 83 of the ACOEM Practice Guidelines take the position that gym memberships, exercise regimens, and the like are articles of applicant responsibility as opposed to articles of payer responsibility. Pages 46 and 47 of the MTUS Chronic Pain Medical Treatment Guidelines note that there is no evidence which would support one exercise regimen over another. Finally, ODG's Low Back Chapter Gym Membership topic notes that gym memberships are not recommended as a medical prescription unless a documented home exercise program has proven ineffectual and there is a need for specialized equipment. Here, however, the attending provider's documentation did not clearly establish or set forth a need for specialized equipment. It was not clearly stated that home exercises had in fact proven unsuccessful or ineffectual here; rather, the attending provider's handwritten note of March 12, 2015 seemingly suggested that the applicant was, in fact, performing home exercises. Provision of a gym membership was not, thus, indicated in the clinical context present here. Therefore, the request is not medically necessary.