

<b>Case Number:</b>	CM15-0085319		
<b>Date Assigned:</b>	05/07/2015	<b>Date of Injury:</b>	10/14/2010
<b>Decision Date:</b>	06/09/2015	<b>UR Denial Date:</b>	04/03/2015
<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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 48 year old female, who sustained an industrial injury on 10/14/2010. The initial complaints and diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care and medications. Currently, the injured worker complains of a recent flare-up of persistent upper and low back pain with radiating pain into the lower extremities. The injured worker is currently being treated with medications which reportedly reduce her pain from 8-9/10 to 4-5/10. Symptoms were reported to be worse with twisting, bending, standing, sitting and reaching. The diagnoses include thoracic disc injury with facet arthralgia, lumbar disc injury with facet arthralgia, and myofascitis. The request for authorization included a 6 month gym membership.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gym Membership x 6 months:** 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), Low Back - Lumbar & Thoracic (Acute & Chronic).

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

**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." In the request for authorization, the treating physician does not detail the need for specialized equipment. Treatment notes do not detail a physical therapy home plan or what exercise has been attempted and/or failed that would necessitate the use of gym membership. As such, the request for Gym Membership x 6 months is not medically necessary.