

<b>Case Number:</b>	CM14-0117664		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	03/18/1997
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	07/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/25/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 claimant was described as a 61-year-old female injured in what appeared to be 1997. She slipped. She was diagnosed with a major depressive disorder and anxiety. There was a PR 2 from April 24, 2014 noting that the patient was frustrated with her health care. She was doing better on her medicine regimen until her Provigil and Pristiq were denied. She became more depressed and anxious. A note from June 22, 2014 reported that the patient was doing better. She was ambulating with a walker. She reported that aquatic therapy had been beneficial and she was awaiting authorization for general membership to continue her exercise program. Her mood was improving and her anxiety was decreasing. Her weight had remained stable at 156 pounds. Medicines included Abilify, Pristiq, Palma, Percocet, Deplin, gabapentin, Xanax and Ambien. The gym membership is for major depressive disorder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Membership Year:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gym Membership Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12th Edition (web), 2014, Mental Illness and Stress, Exercises

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Guidelines (ODG) Low back, Gym programs/health memberships.

**Decision rationale:** 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. Plus, treatment needs to be monitored and administered by medical professionals. While an individual exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision. 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. Therefore, the request for health club membership year is not medically necessary and appropriate.