

<b>Case Number:</b>	CM14-0148742		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	07/01/2009
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	09/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2014

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Pain 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 injured worker's original date of injury was June 22, 2010. The covered body regions include the neck, shoulders, elbows, hands, and wrists. The patient has undergone bilateral carpal tunnel nerve release. She has undergone physical therapy, and continues on Motrin 800 mg according to a progress note on May 21st, 2014. The patient reports that it is uncomfortable to "look after herself" and she has difficulty with activities of daily living including reaching and grasping objects from a shelf located at eye level. Physical examination continues to reveal pain in various musculoskeletal regions and restricted range of motion. The disputed request is for a gym membership.

### 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 ODG - treatment guidelines 2014 online; regarding guidelines for GYM membership

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

**Decision rationale:** With regard to the request for gym memberships, both the California Medical Treatment and Utilization Schedule and ACOEM do not have specific criteria for gym memberships. Instead, the Official Disability Guidelines are utilized which describe gym memberships (in both the Knee and Low Back Chapter) with the following recommendation: "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. For more information on recommended treatments, see Physical therapy (PT) & Exercise." Given that guidelines from the Official Disability Guidelines do not recommend gym memberships since there is no supervision and direct flow of information back to the requesting provider, this request is not medically necessary.