

<b>Case Number:</b>	CM14-0168024		
<b>Date Assigned:</b>	10/15/2014	<b>Date of Injury:</b>	09/07/1998
<b>Decision Date:</b>	11/18/2014	<b>UR Denial Date:</b>	10/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2014

### 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 and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 69 year old male with an injury date of 09/07/98. Based on the 09/04/14 progress report provided by [REDACTED], the patient complains of low back and lower extremity pain. Physical exam to the lumbar spine revealed that his has tenderness across the lumbar paraspinal muscles and range of motion is decreased, especially on extension 10 degrees. The provider is requesting gym membership with pool for 12 months as the patient benefitted from anti-gravity type exercises and a treadmill, which has been previously approved at one point and never received. The diagnoses on 09/04/14 were discogenic lumbar condition with a radicular component down the left lower extremity; element sleep and stress; and weight gain of 50 pounds. [REDACTED] is requesting Gym Membership. The utilization review determination being challenged is dated 10/01/14. [REDACTED] is the requesting provider, and he provided treatment reports from 04/07/14 - 09/04/14.

### 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, Chapter, Low Back

**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 for knee chapter

**Decision rationale:** The patient presents with low back and lower extremity pain. The request is for Gym membership. His diagnosis dated Diagnosis 09/04/14 discogenic lumbar condition with a radicular component down the left lower extremity, element sleep and stress and weight gain of 50 pounds. MTUS and ACOEM guidelines are silent regarding gym membership. However, the following is stated in Official Disability Guidelines on Gym membership for knee chapter states that it may be reasonable if home exercise has been ineffective and if there is a need for special equipment. Per progress report dated 09/04/14, the provider is requesting gym membership with pool for 12 months as the patient benefitted from anti-gravity type exercises and a treadmill, which has been previously approved at one point and never received. In this case, the provider makes a good argument for a need for special equipment, namely a pool and other exercise equipment. However, the Official Disability Guidelines do not different one type of exercise as being superior to another. The provider has explained that a pool exercise is essential with no other options of land-based exercises and that the equipment needs are medically essential. This patient does not present with any medical condition that precludes the patient from exercising from home. There is no medical reason that the patient must exercise in the pool. Therefore, this request is not medically necessary.