

<b>Case Number:</b>	CM14-0183365		
<b>Date Assigned:</b>	11/10/2014	<b>Date of Injury:</b>	09/02/2008
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	10/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2014

### 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 Family Practice, 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:

This is a 55 year old female claimant who sustained a work injury on September 2, 2008 second two thousand and eight involving the neck and mid back. She was diagnosed with post-traumatic stress disorder, cervicgia, thoracic spine pain, chronic pain syndrome and myalgia. A Progress note on September 30, 2014 indicated the claimant had an average of 4/10 pain in the involved areas. She had been doing core strengthening and yoga to remain fit. Exam findings were notable for cervical range of motion with mild tenderness in all directions and paracervical trigger points. The physician recommended swimming, yoga, Pilates. A request for a one year gym membership renewal was requested to perform the above exercises.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gym membership 1 year renewal:** 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 in Workers Compensation (TWC), 7th Edition, Treatment Index; Low Back (updated 02/20/2012

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Gym membership and pg 26 Official Disability Guidelines (ODG) Exercise programs

**Decision rationale:** According to the ACOEM guidelines, at home exercises are recommended. In the event that the patient is either incapable of performing home exercise, or otherwise unable to comply with this option, then a supervised program with a therapist is recommended. There is no recommendation for gym membership under the ACOEM guidelines. There is no evidence to support a gym membership alone would benefit pain management. Furthermore, the ODG guidelines indicate that gym memberships are not recommended as a medical prescription unless there is documented need for equipment due to failure from home therapy. With unsupervised programs, there is no feedback to the treating physician in regards to treatment response. In this case the claimant was able to perform home exercises as noted in the clinical documentation. Consequently a gym membership is not medically necessary.