

<b>Case Number:</b>	CM14-0186694		
<b>Date Assigned:</b>	11/13/2014	<b>Date of Injury:</b>	10/03/2011
<b>Decision Date:</b>	12/30/2014	<b>UR Denial Date:</b>	10/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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 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 is a 56-year-old with date of injury 10/3/11. There was an injury involving the right knee and lumbar spine. Physical examination demonstrates paravertebral muscle spasms limited lumbar flexion secondary to pain, positive Gaenslen sign and pain with lumbar facet loading. Prescription for Lidoderm 5% was provided. Patient also takes OxyContin and Norco for pain. On 10/8/14 request was made for 6 month gym membership with pool access and exercise machines for the purposes of lose weight and improve strength and function of the knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gym membership with pool access QTY: 6: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Gym membership

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine, Official Disability Guideline, Gym memberships Page(s): 99.

**Decision rationale:** The injured worker presents with chronic back pain and knee pain. Request is made for the general membership for the purposes of utilizing equipment and pool for exercise to lose weight and strengthening. 2 months of physical therapy is recommended for myalgias and

myositis according to him to MTUS guidelines. 6 month gym membership without adequate professional supervision, specific treatment goals and interventions exceeds MTUS guidelines for exercise therapy. The request for 6 month gym membership is therefore not medically necessary.