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| <b>Case Number:</b>   | CM15-0017819 |                              |            |
| <b>Date Assigned:</b> | 02/05/2015   | <b>Date of Injury:</b>       | 04/18/1997 |
| <b>Decision Date:</b> | 03/27/2015   | <b>UR Denial Date:</b>       | 01/15/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/30/2015 |

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

### 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 72 year old male, who sustained a work related injury on 4/18/97. The diagnoses have included coronary artery disease, essential hypertension and mixed hyperlipidemia. Treatments to date have included stent placement, stress test and oral medications. In the PR-2 dated 10/15/14, the injured worker has no complaints. On 1/15/15, Utilization Review non-certified a request for continued use of gym membership. The California MTUS, Chronic Pain Treatment Guidelines, were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continued use of gym membership:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 47.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Gym membership

**Decision rationale:** The MTUS guidelines are silent as to gym memberships so the Official Disability Guidelines were consulted. ODG states, "gym memberships are 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.” The official disability guidelines go on to state “Furthermore, treatment needs to be monitored and administered by medical professionals.” The medical records fail to provide a medical indication for gym membership as mentioned above. There is no evidence of monitoring or administration by a medical professional. As such, the request for continued use gym membership is not medically necessary.