

<b>Case Number:</b>	CM15-0110369		
<b>Date Assigned:</b>	06/16/2015	<b>Date of Injury:</b>	05/16/2013
<b>Decision Date:</b>	07/15/2015	<b>UR Denial Date:</b>	06/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/08/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 44 year old female who sustained an industrial injury on 05/16/13. Initial complaints and diagnoses are not available. Treatments to date include medications, right shoulder surgery, and physical therapy. Diagnostic studies are not addressed. Current complaints include right shoulder and low back pain. Current diagnoses include neural encroachment L4 with radiculopathy. In a progress note dated 05/11/15 the treating provider reports the plan of care as medications, continued physical therapy, and a 1 year gym membership. The requested treatments include a 1 year gym membership.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One year gym membership:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Exercise. Decision based on Non-MTUS Citation ODG Low Back Procedure Summary last updated 5/15/15 Gym memberships.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), Gym memberships and Other Medical Treatment Guidelines

American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004)  
Chapter 6: p87.

**Decision rationale:** The claimant sustained a work injury in May 2013 and continues to be treated for right shoulder and low back pain. When seen, she had completed eight of 12 plan physical therapy treatment sessions. There was decreased shoulder range of motion. A lumbar spine examination was unchanged with the previous assessment documenting decreased and painful range of motion. A gym membership is 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. If a membership is indicated, continued use can be considered if can be documented that the patient is using the facility at least 3 times per week and following a prescribed exercise program. In this case, there is no documentation of failure of an appropriate home exercise program or need for specialized equipment. Therefore, the requested gym membership is not medically necessary.