

<b>Case Number:</b>	CM15-0123178		
<b>Date Assigned:</b>	07/07/2015	<b>Date of Injury:</b>	05/31/1982
<b>Decision Date:</b>	09/01/2015	<b>UR Denial Date:</b>	06/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2015

### 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: California, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 injured worker is an 82 year old male who reported an industrial injury on 5/31/1982. His diagnoses, and or impression, were noted to include: lumbar spondylosis; cervical degenerative disc disease; and degenerative disc disease of the cervical spine with myelopathy. No imaging studies were noted. His treatments were noted to include diagnostic studies; cervical spine surgery in 2005; and rest from work. The progress notes of 5/12/2015 reported a return visit for stated continued tolerable symptoms of mild, intermittent and stable spine pain, in terms of severity, that is aggravated by range-of-motion and alleviated by rest. Objective findings were noted to include that he was doing well and was currently stable, with mention to, but no specifically stated, abnormal findings to the lumbar and cervical spine. The physician's requests for treatments were noted to include a 1-year membership to the [REDACTED] ([REDACTED]).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) year [REDACTED] 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 (ODG), Low Back - Gym memberships; ODG, Shoulder - Gym memberships.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG online, Low Back Chapter, Gym Memberships.

**Decision rationale:** The patient presents with pain affecting the cervical and lumbar spine. The current request is for One (1) year [REDACTED] membership. The treating physician states in the report dated 5/12/15, "Patient is doing well. The problem is currently stable. Patient will continue non-operative management. Prescription today to the [REDACTED] for one year." (21B) The MTUS guidelines do not address gym memberships. The ODG guidelines states that they 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. In this case, the treating physician has not documented a need for special equipment or if a home-exercise program has not been effective. The current request is not medically necessary.